Ordu, ...../....../202.

**TO WHOM IT MAY CONCERN**

The student whose personal identification is given below has been admitted as an Erasmus student and will be visiting the ……. *(Üniversite/Kurum Bilgisi) in ………* for *5 months* within the framework of Erasmus+ programme during the autumn term from *….. (ay) ….th (gün)202... to ….. (ay) ….th (gün), 202.* in 202.-202. Academic year.

I hereby declare that all necessary permissions have been granted for the student who will be provided with *…….* Euros per calendar month by Ordu University during Bir öğe seçin. stay in *……….* under the framework of the Erasmus+ programme.

Regards.

|  |
| --- |
| Assist Prof. Dr. Selin YURDAKUL |
| Erasmus Institutional Coordinator |

|  |  |
| --- | --- |
| Surname  | : |
| Name  | **:** |
| Birthdate  | **:** |
| Place of birth  | **:** |
| Faculty  | **:** |
| Department  | **:** |