



## DUMLUPINAR UNIVERSITY

### CERTIFICATE: DURATION OF STUDIES AT HOST INSTITUTION

#### ARRIVAL

I hereby certify that Mr. / Ms. \_\_\_\_\_, a student of Dumlupınar University,

*(Name of the student)*

has arrived at \_\_\_\_\_ on \_\_\_\_\_ and

*(Name of the host institution)*

*(dd/mm/yy)*

registered as an LLP/ Erasmus Exchange student for 20.. – 20.. academic year.

The semester covers the period from \_\_\_\_\_ to \_\_\_\_\_.

*(dd/mm/yy)*

*(dd/mm/yy)*

Signature of Host Institution

Name:

Position:

Date:

Institutional Stamp:

*Please, return this form by fax or e-mail:*

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