



T.C.
ISTANBUL AREL UNIVERSITY

CERTIFICATE

DURATION OF TRAINEESHIP AT HOST INSTITUTION

ARRIVAL

I hereby certify that Mr. / Ms. _____,
Student at Istanbul AREL University (TR ISTANBU29) arrived at
_____ for the academic year 20.. / 20.. within the Erasmus + Exchange Programme on :

Signature of Host Institution

Name: _____

Day Month Year

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Stamp / Date _____

DEPARTURE

I hereby certify that Mr. / Ms. _____,
Student at Istanbul AREL University (TR ISTANBU29) attended courses at
_____ for the academic year 20.. / 20.. within the Erasmus + Exchange Programme and left on :

Signature of Host Institution

Name: _____

Day Month Year

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Stamp / Date _____