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| **ISTINYE UNIVERSITY TR ISTANBU61 20..-20.. Academic Year** | |
| **Student's Name Surname** |  |
| **Sending Department and Faculty in**  **Istinye University** |  |
| **Erasmus Dept. Coord. in Istinye**  **University**  ***(Name Surname)*** |  |
| **Receiving Institution** |  |
| **Receiving Institution's Erasmus ID Code** |  |
| **Requested Extension Period   from-till (dd/mm/year)** |  |

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| **ISTINYE UNIVERSITY** |  |
| I hereby confirm that above mentioned student is permitted to extend his/her studies to **………. Semester** in your university. | |
| **Erasmus Departmental/Faculty Coordinator**  Name Surname :  Title :  Signature and Stamp  ….................................................. Date: ……………………………… | |

Student's Signature: ………………………………. Date: ………………………………

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| **RECEIVING INSTITUTION** |  |
| I hereby confirm that above mentioned student is permitted to extend his/her studies to **………… Semester** in our university. | |
| **Erasmus Dept. Coord. / Institutional Coord. or Erasmus Officer**  Name Surname :  Title :  Signature and Stamp  ….................................................. Date: ……………………………… | |