



MoU (Memorandum of Understanding)
STUDENT MOBILITY FOR STUDIES/TRAINEESHIPS
20.. -20.. Academic Year

CERTIFICATE OF ATTENDANCE

Home University: ISTINYE University

Student's Full Name:

Faculty and Department:

This is to confirm that the above mentioned student was enrolled as a full-time student at our institution within the MoU (Memorandum of Understanding) Programme, Student Mobility for Studies/Training

From (DD/MM/YYYY): (The first day that the student was present at our institution).

To (DD/MM/YYYY): (The last day that the student was present at our institution).

Host Institution:

Name of signatory:

Position / Title:

Date:

Signature:

Stamp: