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| **ISTINYE UNIVERSITYTR ISTANBU6120..-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: ……………………………… |