



**ISTANBUL MEDIPOL UNIVERSITY**

**DURATION SHEET**

Dear Colleague,

This form is used to record the duration of the study of following student, while she/he is an Erasmus student at your institution.

Thank you very much for your collaboration.

Istanbul Medipol University

International Office

**Student Name:**

**Faculty / Department:**

**Date of arrival:**

**Signature of student:**

**Signature and name of faculty/departmental coordinator:**

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The above student has completed the course of study at our institution as per the bilateral agreement between our two institutions.

**Date of departure:**

**Signature of student:**

**Signature of Erasmus Coordinator:**

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