**T.C.**

**OSTİM TECHNICAL UNIVERSITY**

**TO THE ERASMUS INSTITUTIONAL COORDINATORSHIP**

\_\_ / \_\_ / 202\_

It has been deemed appropriate by the relevant department that the student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ***undergraduate / graduate / doctoral*** student of OSTİM Technical University, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Faculty / Institute / Vocational School***, Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with student ID number \_\_\_\_, continue their studies at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University during the ***fall / spring*** semester of the 202\_ – 202\_ academic year.

The courses that the student will take will be evaluated within the scope of full academic recognition, in accordance with the Learning Agreement prepared in line with the program rules and approved by our department. Course equivalency will be ensured by our department.

**Departmental Erasmus Coordinator**            **Head of Department**

   Name - Surname                   Name - Surname

   Signature                      Signature