This is to confirm that Dumlupinar University student Ms./Mr. ………………………………………………………………
will be enrolled as an Erasmus student at ………………………………………………………………………………………………
for the study period from …………………………… to ………………………………………

The student arrived on ……………………………………………………………

Signature:

Name & Position: Stamp:

Date:

This form will be filled upon student’s arrival.
After filling this form, please return it by fax or e-mail:
DPU International Relations Office
Fax: +90 274 265 2133
E-mail: iro@dpu.edu.tr