**FENERBAÇE UNIVERSITY**

**……………………………………………………… TO THE DIRECTORATE OF THE INSTITUTE**

**…………………………………………………….. TO THE DEAN OF THE FACULTY
………………………………… TO THE VOCATIONAL SCHOOL DIRECTORATE**

I am Fenerbahçe University ....................................................................Department/Program, ………………………. numbered student.

I have completed my mobility for the 20 – 20 Academic Year ……… semester Erasmus + Student Mobility For Traineeship in the country…………… at ………. named instution,

I would like to request the necessary action to transfer my mobility to our university based on the decisions taken by the faculty board before and during the mobility, as well as the evaluation form I received from the host institution within the scope of Erasmus+ Internship Mobility Agreement.

Sincerely,

Attached: Evaluation Form

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| --- | --- |
| … / … / 20..Student Name, Last Name: ……………….SIGNATURE:……………….. | ACCEPTABLE… / … / 20..Erasmus Departmental/Program Coordinator Name, Last Name: …………….SIGNATURE:…………… |