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TO USKUDAR UNIVERSITY

ERASMUS INSTITUTIONAL COORDINATORSHIP,

I study at Uskudar University, ……….……….. Faculty, ………………….. Department.

I am one of the substitute students on the Erasmus+ Study Mobility Program Participants List and I want to participate in the program without the grant. I acknowledged that I won’t receive an Erasmus grant for my mobility and be placed in one of the partner universities in my preference list on the condition that there is an available place.

Kindly submitted for necessary action.

Name/Surname: [x]

Student Number: [x]

 Signature: [x]