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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+ Traineeship 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.

Kindly submitted for necessary action.

Name/Surname: [x]

Student Number: [x]

Signature: [x]