**TRAINEESHIP CERTIFICATE**

**FOR EXCHANGE STUDENTS**

**ACADEMIC YEAR 2019/20**

This is to certify, that

Mr/Mrs…………………………………………………………………………………………………………………………………………

participated in a traineeship within the Erasmus Mobility Program in the academic year 2018/2019

**From** ………/………./………

**To** ……../………./………

**At** Hospital: Akdeniz University Hospital

 Department:………………………………………………………………………………………………………………….

The student completed the traineeship  **with / without** success.

Additional remarks:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………..

Supervising physician: Head of department:

…...…………………………………………………………. ……………………………………………..

**Date,name and signature Date, name and signature**

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