Participation form without grant

......... / ............................ / 2025

**TO ISTANBUL GELISIM UNIVERSITY**

**INTERNATIONAL EXCHANGE AND COOPERATION OFFICE;**

According to the 2025 Project Year Erasmus+ Internship Mobility Additional applications results I am in the backup list numbered…. I would like to participate in Erasmus+ Internship Mobility without the grant. Kindly submitted for necessary action.

Regards,

Name / Surname :

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Student No :

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Signature :

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