**COMPLETION OF TRAINING**

*Dear student,*

 *please fill this form, print it and have it signed by the head of the department, your mentor at the department and the mobility coordinator at the faculty.*

*One copy should be given to the Dean’s office after all the signatures are completed.*

*---------------------------------------------------------------------------------------------------------------------------*

To whom it may concern,

This is to certify that *.......name and surname of the student.....*has successfuly completed the training at the department of ...*name of the department..................* at Near East University Hospital, Nicosia, North Cyprus on .........*date*......

We wish the student best success in the future!

Mentor at the dept. Head of the Department:

Name-surname: Name-surname:

Signature: Signature:

Date: Date:

Mobility Coordinator at NEU F. Of Medicine:

Name-Surname:

Signature:

Date: