Name/ Surname of Projector

 University of Projector

 Faculty of Projector

 Phone:

 Fax:

 E-mail:

**Project Partnership**

Dear ………………………… (name/surname of projector)

…………………………………….. (name of partner academic person), ……………. title of her/him and the place which he/she Works. The name of University, city and country name, accept the proposal planned by ……… The name of Projector, His/her department, his/her faculty, His/her University, city and country name, within the framework of the MEVLANA Exchange Programme Project.

Signature/Stamp of Partner Academic Person