

ERASMUS+

ACADEMIC YEAR \_\_\_\_\_ /\_\_\_\_\_

**To whom it may concern**

**Confirmation of Training Activities**

Herewith, we confirm that \_\_\_\_\_\_\_\_\_ (name-surname) from Istanbul Kültür University has participated the training activities for \_\_\_\_\_\_ days (as stated in the attached work plan) in the framework of Erasmus+ Staff Training Mobility during the period indicated below:

 Arrival Date:

Departure Date:

Name of the Host Institution:

Institutional Erasmus Coordinator:

Signature / Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_