

ERASMUS+

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

**To whom it may concern**

**Confirmation of Teaching Activities**

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

Arrival Date:

Departure Date:

Name of the Host Institution:

Institutional Erasmus Coordinator:

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