INTERNATIONAL OFFICE

ERASMUS +

ACADEMIC YEAR ........-...........

**To whom it may concern**

**Confirmation of Training Activities**

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

Arrival Date:

Departure Date:

Name of the Host Institution:

Institutional Erasmus Coordinator:

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