



**Certificate of Attendance**

**Erasmus+ Staff Visits**

**Academic Year 20\_\_ /20\_\_**

We hereby confirm that

**(name of the staff)**

from

**(sending institution)**

has completed an Erasmus+

☐Staff Mobility for Teaching

☐Staff Mobility for Training

from **(arrival date)**

to **(departure date)**

at the Department of **(receving department)**

Faculty of **(receiving faculty)**

**Yıldız Technical University (TR ISTANBU 07)**

Name and function:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp: