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 **Staff Mobility**

***Name and address of Host Institution:***

**20.. / 20..**

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| **CERTIFICATE OF ATTENDANCE**We hereby confirm that……………(*Name of the Staff)*………… from ERZURUM TECHNICAL UNIVERSITYhas attended  [ ]  Staff Teaching [ ]  Staff Training Mobility within the frame of Erasmus+ Programme at…………*(Name of the Host Institution)*………….from …/…/….to …/…/….Name and function of the authorized person at host institution : Signature: Stamp: Place : Date :  |  |