

Bilkent University

#

Certificate of Attendance for Erasmus+ Teaching Staff Mobility Program

To Partner Institution:

We kindly ask you to complete this form and submit it back to our teaching staff.

Thank you very much for your cooperation.

I (name & title),……………………………………………..…………............................., undersigned

that Ms./Mr.…………………………………..…..participated in Erasmus+ Teaching Staff Mobility

Program at(Name of the Institution & Erasmus ID code)…………………………………from (date

of arrival: day/month/year)……………….till (date of departure: day/month/year)……………and

gave …………. hours of teaching, in the field of …………………………………………**.**

Signature: Stamp:

Date: ..........................