**ERASMUS+**

**CONFIRMATION OF SUCCESSFUL COMPLETION**

|  |  |
| --- | --- |
| **Name and Surname:**(The Staff Member) |  |
| **Title:**  |  |
| **Name of the Sending Institution:** | Mimar Sinan Fine Arts University,TR ISTANBU06 |
| **Name of the Receiving Institution:** |  |
| **Academic Year:**  |  |
| **Subject Area / Department:** (The Sending Institution) |  |
| **Subject Area / Department:** (The Receiving Institution) |  |
| **Language of Training:** |  |
| **Total Number of Training Hours:** |  |
| **Total Number of Training Days:** |  |
| **Period of the Training Activity:**(day/month/year) | Day 1: (………*/………/……….)*Day 2: (………*/………/……….)*Day 3: (………*/………/……….)*Day 4: (………*/………/……….)*Day 5: (………*/………/……….)* |

The successful completion of the ERASMUS+ training is herewith confirmed.

Date: …………………………………

Signature:…………………………………

Stamp:

Name and Position at Confirming Institution: