**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: