**ATTENDANCE CERTIFICATE**

**For Erasmus+ Staff**

 **ACADEMIC YEAR 20../20...**

We hereby confirm that the below mentioned Erasmus+ staff from Mus Alparslan University has completed his/her training activity at our Institution for the period written below.

|  |  |
| --- | --- |
| Name, Surname | : |
| Beginning date of the training at the host institution | : |
| Ending date of the training at the host institution  | : |
| Name of the host institution | : |
| Erasmus ID code of the host institution (if applicable) |  |
| **Authorised person** (name, surname) | : |
| Position | : |
| Signature | : |
| Date | : |
| Stamp | : |