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**CERTIFICATE of ATTENDANCE**

 **For Erasmus+ Staff Teaching Mobility**

We hereby confirm that the below mentioned staff from **Muş Alparslan University, Turkey,** has completed his Erasmus Staff Teaching Mobility at our institution for the periods written below.

|  |  |
| --- | --- |
| **Erasmus Staff (Name, Surname)** |  |
| **Beginning Date of the Mobility** |  |
| **Ending Date of the Mobility** |  |
| **Name of the HOME Institution** |  |
| **Faculty / Department of HOME Institution** |  |
| **Type of the Mobility** | Erasmus Staff Teaching Mobility |
| **Teaching Hours** | 8 Hours |
| **Name of the HOST Institution** |  |
| **Faculty / Department of the HOST Institution** |  |
| **Email and phone number of the HOST Institution** |  |
| **Authorised person (Name, Surname, Position)** |  |
| **Date** | …/…/… |
| **Stamp and Signature** |  |