

İTÜ



Erasmus+

**CONFIRMATION OF STAY
ERASMUS+ STUDENT MOBILITY 20...-20...**

This is to confirm that Ms / Mr _____

performed Erasmus student mobility at our institution

from ____./____./____. (to be filled **at the beginning** of the ERASMUS mobility period)
day month year

Name of the Coordinator:

Signature and Stamp:

Date:

until ____./____./____. (to be filled **at the end** of the ERASMUS mobility period)
day month year

Name of the Coordinator:

Signature and Stamp:

Date:

The confirmation must be signed AFTER the ending of the study period (never before). The date of signature must be EQUAL or GREATER than the end date of the study period.

Please bring this document to İTÜ Erasmus Office upon return.

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