

CERTIFICATE OF ATTENDANCE

**FOR ERASMUS+ STAFF MOBILITY FOR TRAINING**

|  |  |
| --- | --- |
| **Name, Surname** |  |
| **Sending Institution** | LOKMAN HEKIM UNIVERSITY - TR ANKARA25 |
| **Receiving Institution** |  |
| **Academic Year**  | 20… /20… |
| **Duration of Mobility**  | ……/……/20…… – …../…../20….. (5 days) |
| We hereby certify that within the framework of ERASMUS+ Staff Training Mobility and in accordance with the Work Programme, the above mentioned staff followed and successfully completed his/her period of training. |
| **Name of signatory** |  |
| **Position** |  |
| **Place and Date** |  , ………/………../ 20……. |
| **Signature** |  |