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|  | **BOLU ABANT İZZET BAYSAL UNIVERSITY**  **ERASMUS OFFICE**  *14030 Gölköy Bolu, TÜRKİYE*  *Tel.+90 374 2541000 e-mail: erasmus@ibu.edu.tr*  *www.erasmus.ibu.edu.tr* |

***ERASMUS+ PROGRAM***

***STUDENT MOBILITY***

**CONFIRMATION OF TRAINEESHIP PERIOD**

This is to certify that \_\_\_\_(name of the student)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

from

\_\_\_\_\_\_\_\_\_\_(name of the sending institution, Country)\_\_\_\_\_\_\_\_\_\_\_\_

has been enrolled as an ERASMUS student atBolu Abant İzzet Baysal University for the

period of traineeship from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ .

*day / month / yea day / month / year*

The student arrived on \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature University stamp*

**Name of the signatory** : Özlem Yelda DİLMEN, PhD

**Function** : Erasmus Office Coordinator

**Place and date** : Bolu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**.........................................................................................................................................................................................................**

(To be filled by the host organization upon the student‘s departure)

This is to certify that \_\_\_\_(name of the student)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

has finished her/his period of traineeship as an ERASMUS student on \_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

*Signature Date University stamp*