 SAKARYA UNIVERSITY OF APPLIED SCIENCES

International Relations Office

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**CONFIRMATION SHEET**

**Staff Teaching/ Training Mobility within the Erasmus + Programme**

**Academic Year 20../20..**

**Home Institution** : Sakarya University of Applied Sciences

**Erasmus Code** : TR SAKARYA02

**Name of the Staff** : ………..

It is hereby confirmed that the person named above has spent an **Erasmus + Teaching/Training Mobility** period at …………………… between the following dates**.**

**Host Institution** : …………….

**Erasmus Code** : …………….

**Duration of Stay** : …………….

**Total Hours Worked :** 10 hours

Director of International Relations Office:

Date:

Signature and Institutional Stamp:

Sakarya University of Applied Sciences, International Relations Office

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