ACADEMIC YEAR 2016-2017

**To whom it may concern**

**Confirmation of Meeting and Training Activities**

Herewith, we confirm that **..................................** from BEYKOZ UNIVERSITY has participated the training meeting for ........ days during the period indicated Arrival Date:

Arrival Date:

Departure Date:

Name of the Host Institution:

Institutional Erasmus Coordinator:

Signature / Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: