



HALIÇ ÜNİVERSİTESİ

International Office

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ERASMUS+ : Staff Mobility CERTIFICATE

This is to confirm that

Ms/Mr _____ (name of the staff)

from Haliç University (Istanbul/Turkey)

Undertook a Erasmus +/ Staff Mobility at

_____ (name of the institution)

ERASMUS code: _____ (If available)

Duration of stay:

Arrival: _____ (day) / _____ (month) _____ (year)

Departure: _____ (day) / _____ (month) _____ (year)

Number of teaching lessons/lectures: _____ hours (minimum: 8 hours per week)

Name and function of the authorised person at host institution:

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Signature :

Stamp of the institution :