**ERASMUS+ TRAINEESHIP MOBILITY**

**DEPARTURE FORM**

Staj faaliyetinizin son haftasında bu formu staj yaptığınız kurumdaki ilgili ofise götürerek doldurulup, imza ve mühür ile tamamlanmasını sağlayınız.

*(In the last week of your traineeship abroad, take this form to the relevant office at your host institution to be completed, signed and stamped.)*

**Name of the student:**

**Home university:** YILDIZ TECHNICAL UNIVERSITY (TR ISTANBU07)

**Host institution:**

We confirm that the above-mentioned student has **finished** in our institution for his/her Erasmus period on:

\_............/………./…………… (day/month/year)

**Responsible host coordinator:**

**Email address:**

**Signature:** **Stamp:**

**Date of signature**: ­­............/………. /…………… (day/month/year)

***A scanned copy of the completed form should be returned by email to***

***erasmus-staj@yildiz.edu.tr******.***