**CONFIRMATION OFARRIVAL**

**ERASMUS+**

**KA1 LEARNING MOBILITY OF INDIVIDUALS**

**STUDENT TRAINEESHIP MOBILITY**

**ACADEMIC YEAR 2017-2018**

Sending Institution: **ONDOKUZ MAYIS UNIVERSITY TR SAMSUN01**

Receiving Institution:

Student Name:

Date of Arrival:

Approved by:

Signature:

Title / position of signatory:

Stamp of institution:

**Tel: +90 (362) 3121919-1613 Fax: +90 (362) 4576091** **eminebol@omu.edu.tr** **/** **erasmus@omu.edu.tr** **55200 Atakum - SAMSUN - TURKEY**