**CONFIRMATION OFARRIVAL**

**ERASMUS+**

**KA1 LEARNING MOBILITY OF INDIVIDUALS**

**STUDENT TRAINEESHIP MOBILITY**

**ACADEMIC YEAR 2023-2024**

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

Receiving Institution:

Student Name:

Date of Arrival:

Approved by:

Signature:

Title / position of signatory:

Stamp of institution:

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