**T.C.**

**OSTIM TECHNICAL UNIVERSITY**

**ERASMUS PROGRAMME**

**CONFIRMATION OF DEPARTURE**

\_\_ / \_\_ / 20\_\_

*This particular document has to be signed by the receiving institutions‘ Erasmus responsible person (departmental coordinator, institutional coordinator, owner of the company, association, etc.) to determine the exact* ***departure*** *date of the related student to the receiving institution.*

|  |  |
| --- | --- |
| **Student Information** | |
| Host Institution |  |
| Mobility Type | Studies ☐ Traineeship ☐ |
| Name Surname |  |
| Department at OTU |  |
| Home Institution | Ostim Technical University |

|  |  |
| --- | --- |
| **Departure Form** | |
| Responsible Person‘s Name and Surname |  |
| Position at the Receiving Institution |  |
| Responsible Person‘s Institutional E-mail |  |
| Departure Date of the Student | .../.../202.. |
| Signature |  |