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**ERASMUS+ PROGRAMME**

### INTERNATIONAL CREDIT MOBILITY (ICM)

#### This is to certify that

**……………………..**

***Name of the academician***

**An academic staff of Istanbul Aydın University**

**has been accepted to undertake an ERASMUS+ staff teaching mobility**

**for 5 days between**

**in**

##### URAL FEDERAL UNIVERSITY, Russian Federation

##### Title of the Organization, Country

**between the following dates**

**…. / …. / ……. and …. / …. / ……………**

***Day Month Year Day Month Year***

**in the Faculty/Department of**

……………………………

***Title of the unit***

**The mobility will be carried out in accordance with the Erasmus+ STA agreement that was signed by all parties prior to the mobility and will comprise of minimum 10 teaching hours.**

**Name and position of the responsible person: ……………………………..**

**Contact details:(address, telephone, fax, e-mail):**

**……………………………………..**

**……………………………………..**

**………………………………………**

**\_\_\_\_\_\_\_\_\_**

# **Date Signature and Seal**

**Name and Position of the Signatory**