**FENERBAHÇE UNIVERSITY**

**……………………………………………………… TO THE DIRECTORATE OF THE INSTITUTE**

**…………………………………………………….. TO THE DEAN OF THE FACULTY
…………………………………** **TO THE VOCATIONAL SCHOOL DIRECTORATE**

I am Fenerbahçe University ....................................................................Department/Program, ………………………. numbered student.

I have been accepted. to do my mobility for the 20.. -20.. Academic Year……….Semester within Erasmus + Student Mobility for Traineeship at the country……………and in the ………….. named institution.

I request that the necessary steps be taken by our University to recognize my mobility and to consider me on leave during the mobility period.

Sincerely,

Attached: Learning Agreement for Student Mobility For Traineeship

|  |  |
| --- | --- |
| … / … / 20..Student Name, Last Name:……………….SIGNATURE:……………….. | ACCEPTABLE… / … / 20..Erasmus Departmental/Program Coordinator Name, Last Name: …………….İMZA: SIGNATURE:…………… |