# **Confirmation of Erasmus+ Period**

STUDENT

|  |  |
| --- | --- |
| Family name: |  |
| First name: |  |
| Sex: |  |
| Date and place of birth: |  |

SENDING INSTITUTION

|  |  |
| --- | --- |
| Country: |  |
| Name of sending institution: |  |
| Faculty/Department: |  |

RECEIVING INSTITUTION

|  |  |
| --- | --- |
| Country: |  |
| Name of receiving institution:  |  |
| Faculty/Department: |  |

This is to certify that the student has attended our institution for the academic year\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yy) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yy).

During the period the following tasks were carried out by the student / trainee:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Academic supervisor / Traineeship supervisor / Erasmus+ coordinator)