

## 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)