**CONFIRMATION OF ERASMUS MOBILITY**

**Academic Year: 20. . ./20. . .**

*Upon arrival at your host institution, have* ***Section 1*** *of this form signed and stamped by your host institution, and return it to your home institution. At the end of your mobility, have* ***Section 2*** *signed and stamped by your host institution, and return this form to your home institution.*

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**Student’s name: ……………..……………………………………………………………………………..…………………………….....**

**Name of the host institution: .................................................................................................................**

**Faculty at the host institution: …………………………………………………………………………………………….………..  
Department at the host institution: ………………………………………………………..………………………………….…**

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**SECTION 1 – CONFIRMATION OF ARRIVAL**

I hereby confirm that the above student has started his/her study period at our

institution on (date): ..................................................

STAMP OF HOST INSTITUTION

**Name:** ...........................................................................

**Title:** ..............................................................................

**Signature:** .....................................................................

**Date:** ..............................................................................

**SECTION 2 – CONFIRMATION OF DEPARTURE**

I hereby confirm that the above student has completed his/her study period at our

institution on (date): ...................................................

STAMP OF HOST INSTITUTION

**Name:** .........................................................................

**Title**.: ...........................................................................

**Signature: ..**.................................................................

**Date:** ...........................................................................