

Confirmation of Stay

Erasmus+ programme 20__/__

This is to certify that Ms. / Mr. _____
name of student

was enrolled at _____
name of host institution

as an Erasmus exchange student

from _____ until _____.
first day of mobility last day of mobility

For the host institution (**to be signed on the last day of mobility or later!**):

Name(s): _____

Position: _____

Date, place

Signature, stamp/seal