

Confirmation of Stay

ERASMUS+ STUDIES 20__ / __

This is to confirm that Mr/Ms _____
has successfully completed the following Erasmus+ mobility at our institution:

Erasmus+ Mobility

Type of Mobility:

- Studies
long-term mobility (60 – 360 days)
- Traineeship
long-term mobility (60 – 360 days)
- Short-Term
short-term mobility (5 – 30 days), incl. Blended Intensive Programs (BIP)

Mode of Learning/Training:

- Physical
in-person learning or training at the host country
- Blended
physical stay at host country and virtual learning or training component
- Virtual
virtual learning or training during physical stay at home country

Duration of **Physical Component**: from __.__.20__ until __.__.20__
stay at host country for academic purpose only (DD.MM.YYYY)

Duration of **Virtual Component**: from __.__.20__ until __.__.20__
information required for blended or virtual mobilities only (DD.MM.YYYY)

Host Institution

Name of Institution _____

City, Country _____

Name of Signatory _____

Function of Signatory _____

Date (last day of the mobility or later)

Signature and Stamp