

Confirmation of Stay

Erasmus+ programme 20__/__

This is to certify that Ms. / Mr. _____
title and name of staff

was present at _____
name of host institution

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

in the framework of the Erasmus+ programme.

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

Name(s): _____

Position: _____

Date, place

Signature, stamp/seal