

Confirmation of **physical** Stay Erasmus+ Programme 2020/21

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

was physically present at _____
name of receiving institution

as an Erasmus+ student / trainee

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

Quarantine periods and/ or periods of self-isolation upon entry into the host country are included in the mobility phase.

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

Name: _____

Position: _____

Date, Place

Signature, Stamp / Seal