

## CONFIRMATION OF INTERNSHIP PERIOD

Name of student:

### ARRIVAL

We certify that above named student has been enrolled as an Erasmus INTERN at:

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Date of arrival:

Name of Signatory:

Position:

Stamp and signature:

### DEPARTURE

We certify that above named student has completed his/her internship period at the

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Date of departure:

Name of Signatory:

Position:

Stamp and signature: