

CONFIRMATION OF STUDY PERIOD

Name of student:

ARRIVAL

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

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Date of arrival:

Name of Signatory:

Position: Erasmus Coordinator

Stamp and signature:

DEPARTURE

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

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Date of departure:

Name of Signatory:

Position:

Stamp and signature: