



STATEMENT OF HOST INSTITUTION

Student/staff member data (please underline)

Name:	
Surname:	
Home Institution:	

The undersigned representative of the Host Institution hereby confirms that the above mentioned student/ staff member has realized Erasmus mobility period at host Institution:

Confirmation of Arrival

Date of Arrival:		
Name, Surname, Position of the host HEI Representative		Stamp of Host Institution
Date:		

Confirmation of Departure

Date of Departure:		
Name, Surname, Position of the host HEI Representative		Stamp of Host Institution
Date:		

Learning Activities

Distance Learning		Face-to-face Learning	
from	to	from	to

Host Institution data

Host Institution:	
Address, City, Country:	
Host faculty, department, Unit	
Contact person* Name, Surname, Title, Position E-mail address	

- Contact person may be professor, mentor, institutional, ECTS or Erasmus coordinator