



Erasmus-Programme Academic Year

Confirmation of Stay

(To be filled in at the end of the Erasmus mobility period)

This is to co	nfirm that	t Ms / M	lr								
studied at o	ur instituti	ion in pı	resenc	e, virtual	or ble	nded 1	form				
from	 day	// (if applicable: incl. language, orientation course)									
until	/ day	// (if applicable: incl. examination period). day month year									
If applicable: Phases of virtual participation from outside the host country (mostly from Germany):											
from	 day	// month	 year	uı	ntil	-	/ day	// month	 year		
and from	 day	// month	 year	uı	ntil	-	/ day	/ month	 year		
and from	day '	// month	year	uı	ntil	-	/ day	/ month	 year		
	Faculty/s	school/c	departr	ment:							
	Name: _										
	Function	1:									
<u>-</u>	Date				_	Signati	ıre (Stamp			_
Date					•	Signature, Stamp					

*** This form should not be signed more than 5 days before the end of the confirmed study period***