



Erasmus-Programme Academic Year _____

Confirmation of Stay (To be filled in <u>at the end</u> of the Erasmus mobility period)

This is to co	nfirm that Ms / Mr			
studied at o	ur institution in presenc	e, virtual or ble	nded form	
from	// day month year	(if applicable: incl	. language, orientation course)	
until	// day month year	(if applicable: incl.	examination period).	
If applicable: Phases of virtual participation from outside the host country (mostly from Germany):				
from	// day month year	until	// day month year	
and from	// day month year	until	// day month year	
and from	// day month year	until	// day month year	
Faculty/school/department:				
	Name:			
	Function:			
	Date	S	ignature, Stamp	

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