

***To be completed by host institution***

ERASMUS+ programme 2024-2025

 KA131 Learning Mobility

Student Mobility for studies

**CONFIRMATION**

|  |  |
| --- | --- |
| **STUDENT:** |  |
| Name |  |
| Surname |  |
|  |  |
| **SENDING INSTITUTION:** |  |
| Name of sending institution |  |
| Erasmus ID code |  |
|  |  |
| **RECEIVING INSTITUTION:** |  |
| Name of receiving institution |  |
| Erasmus ID code |  |

This is to certify, that the student mentioned above, has completed the study period under the conditions and terms set by Erasmus+ from \_\_.\_\_2024 to \_\_.\_\_.2024

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of responsible person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position of responsible person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_