***Letter of Confirmation***

***ERASMUS+ Study Period***

Student

|  |  |
| --- | --- |
| *First name* |  |
| *Family name* |  |
| *Date of Birth* |  |

Sending Institution

|  |  |
| --- | --- |
| *Name of the sending institution* |  |
| *Faculty/Department* |  |
| *Country* |  |

Receiving Institution

|  |  |
| --- | --- |
| *Name of the receiving institution* |  |
| *Faculty/Department* |  |
| *Country* |  |

This is to certify that the student has attended our institution during the summer semester of the academic year 2018/2019.

**Period of stay: from to**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  ***dd***  | ***mm*** | ***yyyy*** |  |  |  |  ***dd***  | ***mm*** | ***yyyy*** |

|  |  |
| --- | --- |
| *Name of the responsible person at the receiving institution:* |  |
| *Signature:* |
| *Date:* | *Stamp of the receiving institution* |