

Confirmation of Erasmus+ study period

STUDENT

Family name:	
First name:	
Sex:	
Date and place of birth:	

SENDING INSTITUTION

Country:	
Name of sending institution:	
Faculty/Department:	

RECEIVING INSTITUTION

Country:	
Name of receiving institution:	
Faculty/Department:	

This is to certify that the student has attended our institution from _____ to _____ of the 20___/20___ academic year.

During the period the student has attended the following courses:

Title of the course unit	Duration of the courses unit

The official Transcript of Records will follow.

Date: _____

Signed: _____

(Erasmus departmental/institutional coordinator)