

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 |
|--------------------------|------------------------------|
| | |
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| | |
| | |

The official Transcript of Records will follow.

Date: _____

Signed: _____

(Erasmus departmental/institutional coordinator)