

ERASMUS+ 2018/2019

**CONFIRMATION OF ATTENDANCE**

**Student data:**

Name	
Surname	
Date of Birth	
Home Institution	Poznań University of Life Sciences
Erasmus code	PL POZNAN04

The undersigned representative of the Host Institution hereby confirms that above mention student has realized Erasmus+ mobility period at host Institution:

**CONFIRMATION OF START DATE (day/month/year)**

<b>Start date of mobility period</b>		
Name, surname, position of the host representative:	Stamp of host institution:	
Signature:		
Date:		

**To be send by email (to [joanna.pietrzak@up.poznan.pl](mailto:joanna.pietrzak@up.poznan.pl)) no later than 7 days after arrival at host institution**

**CONFIRMATION OF END DATE (day/month/year)**

Date of last exam		
<b>End date of mobility period</b>		
Name, surname, position of the host representative:	Stamp of host institution:	
Signature:		
Date:		

**This part of confirmation cannot be issued more than 5 days before departure date**

**Host Institution data:**

Host Institution	
Erasmus code	
Address	
Contact person (name, surname, position, e mail)	