

ERASMUS+ 2024/2025

**CONFIRMATION OF ATTENDANCE**

**Student:**

Name:.....Surname.....

Date of birth:.....

Home University: **Poznań University of Life Sciences**, Poland Erasmus Code: **PL POZNAN04**

**Host Institution:**.....

**Erasmus Code**..... **Country**.....

Responsible person (name, surname, position, e mail).....

.....

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

**CONFIRMATION OF START OF MOBILITY\***

*\*date of start teaching classes or obligatory orientation days*

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

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

**CONFIRMATION OF END OF MOBILITY**

<b>End date of mobility period: day ..... / month..... / year.....</b>	
Name, surname, position of the host representative:   Signature: Date:	Stamp of host institution:

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