

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*

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

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

CONFIRMATION OF END OF MOBILITY

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

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