

ERASMUS+ 2019/2020

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).....

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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*

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

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

CONFIRMATION OF END OF MOBILITY

End date of mobility period: day / month..... / year.....	
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

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