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| **CONFIRMATION OF STAY**  **ERASMUS+ KA131**  **STUDENT MOBILITY FOR TRAINEESHIP**  **20…/20…** |
| This is to confirm that. ………………….……………………………………………………  performed Erasmus+ Student Mobility at our institution  from .......... / ………. / ………. (to be filled **at the beginning** of the mobility period)  day month year  Name of the Coordinator:  Signature and Stamp:  Date: |
| until .......... / ………. / ………. (to be filled **at the end** of the mobility period)  day month year  Name of the Coordinator:  Signature and Stamp:  Date\*:  \*The confirmation must be signed AFTER the ending of the study period (never before). The date of signature must be EQUAL or GREATER than the end date of the study period. |