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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 institutionfrom .......... / ………. / ………. (to be filled **at the beginning** of the mobility period) day month yearName of the Coordinator: Signature and Stamp: Date: |
| until .......... / ………. / ………. (to be filled **at the end** of the mobility period) day month yearName 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. |