HOST
Hochschule Stralsund

University of
Applied Sciences

- TO BE FILLED OUT BY HOST UNIVERSITY -

Confirmation of Stay

Confirmation of Arrival

This is to confirm that Ms./Mr._____

has been present at our institution:_____ ERASMUS-Code:_____

on (dd.mm.yyyy)*_____ and is expected to stay until (dd.mm.yyyy) _____

Name of signatory:_____ Function of signatory:_____

_____   _____
Signature and stamp of host institution   Date

Confirmation of Departure

This is to confirm that Ms./Mr._____

was enrolled at our institution until**:_____

entire study phase:_____

    attendance phase:_____

    e-learning phase:_____

_____   _____
Signature and stamp of host institution   Date

The date of signature cannot be earlier than 5 days prior to the end date of student´s mobility.

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*   first day of presence for study purposes
** last day of presence for study purposes