**ERASMUS+ ACADEMIC YEAR 20../20..**

Sending institution: Witten/Herdecke University Erasmus code: D WITTEN02

Receiving institution:

Name of signatory at receiving institution:

Position of signatory at receiving institution:

Name of student:

**Confirmation of Stay AT THE HOSTING INSTITUTION**

**To** **be filled in at the start of the mobility period**

Start date of mobility period (dd/mm/yyyy):

Signature and stamp of receiving institution:

**To** **be filled in at the end of the mobility period**

End date of mobility period (dd/mm/yyyy):

Signature and stamp of receiving institution: