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

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

Receiving institution: Erasmus code:

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:

Signature and stamp of receiving institution:

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

The student carried out learning activities:

[ ]  From Germany: from \_\_\_\_\_\_\_\_\_\_\_\_\_(dd/mm/yyyy) to \_\_\_\_\_\_\_\_\_\_\_\_\_(dd/mm/yyyy)
 Please note: A distance learning mobility period from the sending country is part of the Erasmus mobility,
 but cannot be funded financially.

[ ]  From the receiving country:

 [ ]  physical mobility from \_\_\_\_\_\_\_\_\_\_\_\_\_(dd/mm/yyyy) to \_\_\_\_\_\_\_\_\_\_\_\_\_(dd/mm/yyyy)

 [ ]  virtual mobility from \_\_\_\_\_\_\_\_\_\_\_\_\_(dd/mm/yyyy) to \_\_\_\_\_\_\_\_\_\_\_\_\_(dd/mm/yyyy)

Signature and stamp of receiving institution: