**ACADEMIC YEAR 20../20..**

Sending institution: Witten/Herdecke University

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 arrival at the receiving institution**

Date of arrival:

Signature and stamp of receiving institution:

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

The student carried out learning activities:

[ ]  From Germany: from \_\_\_\_\_\_\_\_\_\_\_\_\_(dd/mm/yyyy) to \_\_\_\_\_\_\_\_\_\_\_\_\_(dd/mm/yyyy)

[ ]  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: