(to be printed on letterhead paper of the host institution)

CONFIRMATION OF STAY

Erasmus+

This is to confirm that Ms/Mrs

the student Faculty of ………………………………………………………….

of Adam Mickiewicz University in Poznan, Poland,

has completed training programme of practical placement

within Erasmus+

in (name of host institution)

between (dates of start and end of the mobility period) –

that is (number of months).

|  |  |
| --- | --- |
| Name of authorized Person: | Date, place: |
|  | Institutional stamp: |
| Signature: |