1. **CONFIRMATION OF STAY**

|  |
| --- |
| **Personal data:** |
| Last name(s): |  |
| First name(s): |  |
|  |
| **Receiving institution’s data:** |
| Name: |  |
| Erasmus code (if applicable): |  |
| Faculty: |  |
| Contact person: |  |
| name: |  |
| position: |  |
| e-mail: |  |
|  |
| **Period of mobility:** |
| From (dd/mm/yyyy): |  |
| To (dd/mm/yyyy): |  |

Date:

Signature:

Stamp:

*This document is VALID only if duly STAMPED and SIGNED.*