**CONFIRMATION OF TRAINING**

I hereby certify that the student whose details are given below attended our institution as an Erasmus Placement student within the LLP/ ERASMUS Programme.

**STUDENT**

|  |  |
| --- | --- |
| First Name(s) |  |
| Family Name |  |
| Gender |  |
| Date of Birth  |  |
| Place of Birth |  |

|  |  |
| --- | --- |
| **ARRIVAL** | **DEPARTURE** |
|

|  |  |  |
| --- | --- | --- |
| Day | Month | Year |
|   |   |   |

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| --- | --- | --- |
| Day | Month | Year |
|   |   |   |

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**HOST INSTITUTION**

|  |  |
| --- | --- |
| Country  |  |
| Name of Host Institution |  |

|  |
| --- |
|  Signature and stamp of Host InstitutionDate : …./…./20 |