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

**HOST INSTITUTION**

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

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