 

**STATEMENT OF HOST INSTITUTION**

**Erasmus Programme**

**Staff Training Confirmation**

**Project No. 2017-1-HR01-KA103-034943**

**Staff data**

|  |  |
| --- | --- |
| Name: |  |
| Surname: |  |
| Date of Birth: |  |
| Home Institution:  Erasmus ID code  (eg. B BRUXEL01): | HR PULA01 |

The undersigned representative of the Host Institution hereby confirms that the above mentioned person has realized Erasmus mobility period at host Institution:

**Confirmation of Arrival**

|  |  |
| --- | --- |
| **Date of Arrival:** |  |

|  |  |
| --- | --- |
| Name, Surname, Position of the host HEI Representative  Signature:  Date: | Stamp of Host Institution |

**Confirmation of Departure**

|  |  |
| --- | --- |
| **Date of Departure:** |  |

|  |  |
| --- | --- |
| Name, Surname, Position of the host HEI Representative  Signature:  Date: | Stamp of Host Institution |

**Host Institution data**

|  |  |
| --- | --- |
| Host Institution:  Erasmus ID code  (eg. BE Bruxelles01): |  |
| Address, City, Country: |  |
| Host faculty, department, Unit |  |
| Contact person\*  Name, Surname, Title, Position  E-mail address |  |

* *Contact person may be professor, mentor, institutional, ECTS or Erasmus coordinator*