



Certificate of Arrival/ Departure Erasmus + Partner Countries

Name & Surname of the Scholarship Holder: _____

Home University: _____ Country: _____

Host University: _____ Country: _____

Duration of Mobility: _____ Level of Mobility: Bachelor Master PhD

ROUTE:

FROM (city, country): _____ TO (city, country): _____

Means of Transportation: _____

To be completed AT THE BEGINNING of the mobility

CONFIRMATION OF ARRIVAL

Date of Arrival at the Host University: _____

Scholarship Holder's Signature: _____ Date: _____

Host Institution Coordinator Name: _____

Stamp and Signature: _____ Date: _____

To be completed AT THE END of the mobility

CONFIRMATION OF DEPARTURE

Date of Departure from the Host University: _____

Scholarship Holder's Signature: _____ Date: _____

Host Institution Coordinator Name: _____

Stamp and Signature: _____ Date: _____