



STATEMENT OF HOST INSTITUTION

Erasmus+ Programme
Academic year 20__/20__

Student/ staff member data (please underline)

Name:	
Surname:	
Date of Birth:	
Home Institution: Erasmus ID code (eg. B BRUXEL01):	HR RIJEKA01

The undersigned representative of the Host Institution hereby confirms that the above mentioned student/ staff member has realized Erasmus+ mobility period at host Institution:

Confirmation of Arrival

Date of Arrival:	
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Name, Surname, Position of the host HEI Representative Signature: Date:	Stamp of Host Institution
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Confirmation of Departure

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