



LETTER OF CONFIRMATION ERASMUS+ PROGRAMME

(Anhang IV des Grant Agreements)

TO WHOM IT MAY CONCERN

AME OF INSTITUTION/ENTERPRISE		ERASMUS-CODE (if applicable)
herewith confirm that		
AME OF PARTICPANT		DATE OF BIRTH
as haan anrollad at our Univer	ity as an Frasmus-student	
as been emoned at our oniver	nty as an Erasinas-statem	•
(DAY/MONTH/YEAR)	(DAY/MONTH/YEAR)	
Date	Place	
Name	Function	
Signature of the authorized person of the pa	tner institution	Stamp
,	herewith confirm that AME OF PARTICPANT as been enrolled at our Univers OM (DAY/MONTH/YEAR) Date Name	herewith confirm that AME OF PARTICPANT as been enrolled at our University as an Erasmus-student rom to

This certificate must not be signed before the mobility period has ended.