**Letter of Confirmation Erasmus+ Programme**

(Anhang IV des Grant Agreements)

Academic Year 2021/2022

TO WHOM IT MAY CONCERN

NAME OF INSTITUTION/ENTERPRISE ERASMUS-CODE (if applicable)

**I herewith confirm that**

NAME OF PARTICPANT DATE OF BIRTH

**has been enrolled at our University as an Erasmus-student**

**from to .**

(DAY/MONTH/YEAR) (DAY/MONTH/YEAR)

|  |  |  |
| --- | --- | --- |
| Date | Place | |
| Name | Function | |
| Signature of the authorized person of the partner institution | | Stamp |

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