

## LETTER OF CONFIRMATION

Academic Year

TO WHOM IT MAY CONCERN

NAME OF INSTITUTION/ENTERPRISE

COUNTRY

**I herewith confirm that**

NAME OF PARTICIPANT

DATE OF BIRTH

**was present at our institution in the context of**

**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.