It is compulsory to fill in the document electronically! **Wichtig:** das Dokument MUSS vollständig und elektronisch ausgefüllt werden.

Confirmation of stay - SM

Academic year: Please choose

◯ autum term ◯ spring term ◯ full academic year

Erasmus student mobility
- ◯ for studies - SMS
- ◯ for traineeship - SMP
- ◯ for a short-term mobility

Student's details

First name & last name:

Date of birth:

The sending institution

Name: **Hochschule Darmstadt University of Applied Sciences D DARMSTA02**

Address: International Office, Schöfferstraße 3, 64295 Darmstadt, Germany

Contact: Friederike Luther, eu-coordination.int@h-da.de

The receiving institution/ enterprise

Name of institution:

Country: City:

Erasmus Code if applicable:

I hereby confirm, that the above mentioned student has completed an Erasmus Please choose from list at our institution, according to what has been agreed in the Learning Agreement.

Start date (dd/mm/yyyy):

First day the student has been present at the receiving organisation for academic reasons/ traineeship (e.g. first course, welcoming event organised by the host institution, language and intercultural training etc...).

Expected date of departure (dd/mm/yyyy):

The end of the Erasmus period is the last day the student has been present at the receiving organisation for academic reasons/ traineeship (e.g. end of exam period/course/work/mandatory sitting period).

Name of person in charge:

Titel/ Position:

Signature:

Date of signature:

Official stamp of receiving institution

Please note this confirmation should be signed no earlier than 5 days prior to the end of the Erasmus period and sent to the sending institution within 30 days.