Erasmus+

h_da
hochschule darmstadt
international office

member of
EUT+
EUROPEAN UNIVERSITY OF TECHNOLOGY

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

Confirmation of stay - SM

Erasmus Blended Intensive Programme (BIP)

Academic year: Please choose

○ autum term ○ spring term

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

Name of institution: _____

Country _____ City: _____

Erasmus Code if applicable: _____

I hereby confirm, that the above mentioned student has
completed the Erasmus Blended Intensive Programme **(name)** _____
at our institution, according to what has been agreed in the Learning Agreement, worth _____ ECTS.

Duration of physical component (dd/mm/yyyy): _____ _____

First day and last day the student has been physically present at the receiving organisation for academic reasons.

Duration of virtual component (dd/mm/yyyy): _____ _____

First day and last day of the online period.

Name of person in charge: _____

Titel/ Position: _____

Signature:

Date of signature: _____

Official stamp of receiving institution

Please note that this certificate should be signed at the end of the physical period and is valid on the condition that the student has successfully completed both the physical and virtual component.