



Confirmation of Stay

signed earlier than 5 days prior to the end	I of the period.	
Academic Year:		
☐ Fall term	Spring term	Full academic year
Erasmus student mobility for stu	ıdies – SMS	
Student's details		
First name & last name:		
Date of birth:		
The Sending Institution		
Name of Institution:		
Erasmus Code (if applicable):		
The Receiving Institution		
Name: Hochschule Darmstadt U	niversity of Applied Sci	ences
Erasmus Code: D DARMSTA02		
With this document, the Receivin academic reasons from	g University confirms t	hat the student has been physically present for
Date of arrival¹ (dd/mm/yy):	to Date	e of departure² (dd/mm/yy):
Name of officer in charge:		
Title/position:		
Date:		
	_	
		Stamp and Signature

To submit within 30 days AFTER the end of the Erasmus mobility period to the h_da International Office. The document must not be

¹ First day the student has been present at the receiving institution for academic reasons/ traineeship (e.g. first course, welcoming event organised by the host institution, language and intercultural training etc...).

² 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 examperiod/course/work/mandatory sitting period).