



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

Confirmation of stay - SM		Academic year:	
Erasmus student Erasmus Blended Intens	sive Programme (BIP)	o autum term o spring term	
Student's details			
First name & last name:			
Date of birth:			
The sending institution			
Name:	Hochschule Darmstadt University of Ap	plied Sciences D DARMSTA02	
Address:	International Office, Schöfferstraße 3, 64295	Darmstadt, Germany	
Contact:	Friederike Luther, eu-coordination.int@h-da.	de	
The receiving institution	n/enterprise		
Name of institution:			
Country		City:	
Erasmus Code if applicable:			
	mentioned student has I Intensive Programme (name) hat has been agreed in the Learning Agreeme	ent.	
Start date (dd/mm/yyyy):	First day the student has been present at the receiving organisation for academic reasons	
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	
Name of person in charge:		Official stamp of receiving institution	
Titel/ Position:			
Signature:			

Date of signature:

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.