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| **G:\logo transparent_plavi.png** | **Erasmus+ logo** |

STATEMENT OF HOST INSTITUTION

ERASMUS+ PROGRAMME

Academic year 20\_\_/20\_\_

Student/staff member data (please underline)

|  |  |
| --- | --- |
| Name: |  |
| Surname: |  |
| Date of birth: |  |
| Home institution:  ERASMUS ID code  (eg. HR RIJEKA02) |  |

The undersigned representative of the Host Institution hereby confirms that the above

mentioned student/staff member has realized ERASMUS+ mobility period at Host Institution:

|  |  |  |
| --- | --- | --- |
| Confirmation of Arrival | | |
| Date of Arrival: |  | |
| Name, Surname, Position of the Host HEI Representative  Signature:  Date: | | Stamp of Host Institution |
| Confirmation of Departure | | |
| Date of Departure: |  | |
| Name, Surname, Position of the Host HEI Representative  Signature:  Date: | | Stamp of Host Institution |

Host Institution data

|  |  |
| --- | --- |
| Host Institution:  Erasmus ID code (eg. HR RIJEKA02) |  |
| Adress, City, Country: |  |
| Host faculty, Department, Unit |  |
| Contact person\*  Name, Surname, Title, Position,  e-mail adress |  |

\*Contact person may be professor, mentor, institutional, ECTS or ERASMUS coordinator