

## Confirmation of Stay for ERASMUS Short-Term Blended / BIP mobilities

TO BE FILLED OUT BY THE HOSTING UNIVERSITY

Name of hosting institution: \_\_\_\_\_  
ERASMUS-code of institution: \_\_\_\_\_

Hereby, we confirm that Ms./Mr. \_\_\_\_\_  
took part in: \_\_\_\_\_

a BIP with the title \_\_\_\_\_  
a short-term blended mobility \_\_\_\_\_

The presence phase of the mobility started on

first day of presence for academic or organisational reasons  
(dd.mm.yyyy)

\_\_\_\_\_

The presence phase of the mobility ended on

last day of presence for academic or organisational reasons  
(dd.mm.yyyy)

\_\_\_\_\_

As part of the student's participation in the mobility, s/he took part in online phase(s).

Amount of online phase(s) \_\_\_\_\_

Duration of online phase(s)

Online Phase	Start date of online phase (dd.mm.yyyy)	End date of online phase (dd.mm.yyyy)
1		
2		
3		

Full name of signatory at hosting institution: \_\_\_\_\_  
E-Mail address of signatory at hosting institution: \_\_\_\_\_

\_\_\_\_\_  
Signature of hosting institution\_\_\_\_\_  
Date\_\_\_\_\_  
Stamp of hosting institution  
(optional)