

## Confirmation of Stay for ERASMUS BIP students

TO BE FILLED OUT BY THE HOSTING UNIVERSITY

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

Hereby, we confirm that Ms./Mr. \_\_\_\_\_  
took part in a BIP with the title \_\_\_\_\_

The presence phase of the BIP started on

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

The presence phase of the BIP ended on

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

As part of the student's participation in the BIP, he/she 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