

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)	_____
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The presence phase of the mobility ended on

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