



Erasmus+ Certificate of Stay

Sending Institution: <u>Georg-August-Universität Göttingen</u>
Students Full Name:
Date of Birth:
We confirm that the student (full name)was enrolled as a full time student at our institution within the Erasmus+ programme.
Option A On campus study
from (first day of study) (DD/MM/JJ)
to (last day of study)) : (DD/MM/JJ)
A quarantine period was mandatory:yesno
Option B Remote study + on campus study / On campus study + remote study
from (first day of study) (DD/MM/JJ)
to (last day of study) : (DD/MM/JJ)
A quarantine period was mandatory:yesno
Erasmus Code (host institution):
Full Name:
Function:
Signature:
Date:
Stamp:

This confirmation must not be signed before the last day of study. It is not needed by the host institution to send the original to the home university. The student is obliged to upload the confirmation to the mobility portal home university in time .