

Certificate of Stay

Sending Institution: Georg-August-Universität Göttingen (D GOTTING01) Student's Full Name:

Date of Birth:

We confirm that the student was enrolled as an Erasmus+ student at our institution.

Did the student participate in an orientation day/week before the start of the academic

stay? Yes No

If yes, from (DD/MM/YY) to (DD/MM/YY)

Start of **academic stay** (first day of study): (DD/MM/YY) End of academic stay (**last day of study, final exam**):

(DD/MM/YY)

Any comments (virtual phase, interruptions etc.)?

Erasmus Code (receiving institution):

Full Name:

Function:

Signature:

Date:

Stamp:

Partners are kindly asked to check the confirmed mobility dates carefully. This confirmation should not be signed before the end of the academic stay, otherwise it will not be accepted. A deviation of up to 5 days is accepted.