

Erasmus+ KA 131 – Programme Countries

Certificate of Stay

Sending Institution: Georg-August-Universität Göttingen

Students Full Name: _____

Date of Birth: _____

We confirm that the student (full name) _____ was enrolled as an Erasmus+ student at our institution.

Start of academic stay (first day of study):

(DD/MM/JJ) _____

End of academic stay (last day of study, final exam):

(DD/MM/JJ) _____

Any comments (virtual phase, interruptions etc.)?

Did the student participate in an Orientation day/week before?

From (DD/MM/JJ) _____ to (DD/MM/JJ) _____

Erasmus Code (host institution): _____

Full Name: _____

Function: _____

Signature: _____

Date: _____

Stamp: _____

This confirmation should not be signed before the end of the academic stay otherwise, it will not be accepted. A tolerance up to 5 days is acceptable.