

Erasmus+ 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 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: ___yes ___no

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: ___yes ___no

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 .