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the European Union**



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## CONFIRMATION OF STAY

ACADEMIC YEAR: .....

FALL / WINTER TERM

FULL YEAR

SPRING / SUMMER TERM

(tick the correct box)

Please use black or blue ink and block capitals.

Mr. / Mrs. / Ms. ....

from Wyższa Szkoła Inżynierii i Zdrowia w Warszawie (Warsaw College of Engineering and Health), Erasmus code: PL WARSZAW59 has started his/her/its mobility at

.....,

Erasmus code: .....

At the department of: .....

## CONFIRMATION OF ARRIVAL

First day at the Host Institution (dd/mm/yyyy): .....

Name of the responsible person: .....

Position of the responsible person: .....

Date and stamp	Signature
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## CONFIRMATION OF DEPARTURE

Last day at the Host Institution (dd/mm/yyyy): .....

Name of the responsible person: .....

Position of the responsible person: .....

Date and stamp	Signature
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