**Confirmation Of Stay**

**ACADEMIC YEAR:** …………………………………

**FALL / WINTER TERM**

**FULL YEAR**

**SPRING / SUMMER TERM**

(tick the correct box)

Mr. / Mrs. / Ms.

………………………………………………………………………………………………….. from the Warsaw College of Engineering and Health, Poland (PL WARSZAW59), Poland

has started his/her

physical/online mobility at:

………………………………………………………………………………………………….. [name of institution (Erasmus code), country]

in the field of study of: …………………………………………………………………………………………………

**Confirmation Of Arrival**

First day at the Receiving Institution:

(dd/mm/yyyy) ………………………………

Name of the responsible person: ………………………………………………………….………………………………….

Position of the responsible person: ………………………………………………………….……………………………….

|  |  |
| --- | --- |
| Date and stamp | Signature |

**Confirmation Of Departure**

Last day at the Receiving Institution:

(dd/mm/yyyy) ………………………………

Name of the responsible person: ………………………………………………………….………………………………….

Position of the responsible person: ………………………………………………………….……………………………….

|  |  |
| --- | --- |
| Date and stamp | Signature |