**CONFIRMATION**

 **Study stay duration**

**Name of student:**

**Host Faculty:**

**Study Period …….... Month/ from ……………….. to ……………………**

 **Day / from…………………to ……………………**

**HOST INSTITUTION HOME INSTITUTION**

*Place and Date Name and position*  *Place and Date Name and position*   *of the contact person*  *of the contact person*

 *at the Home Institution*  *at the Home Institution*

Official Stamp and Signature Official Stamp and Signature