

Erasmus+ KA 131 – Programme Countries

Certificate of Stay

Sending Institution: **Georg-August-Universität Göttingen** (D GOTTING01)

Students Full Name: _____

Date of Birth: _____

We confirm that the student was enrolled as an Erasmus+ student at our institution.

Did the student participate in an **orientation day/week before?** Yes or No
From (DD/MM/YY) _____ to (DD/MM/YY) _____

Start of **academic** stay (first day of study):

(DD/MM/YY) _____

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

(DD/MM/YY) _____

Any comments (virtual phase, interruptions etc.)? _____

Erasmus Code (receiving institution): _____

Full Name: _____

Function: _____

Signature: _____

Date: _____

Stamp: _____

*Partners are kindly asked to check carefully the confirmed mobility dates.
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.*