



Academic Year 20_____

This is to certify

that		born on
(Name of student)		
has been registered the	as an exchange student ເ	inder the ERASMUS programme for
□ Winter semester	– official duration: from _	to
□ Summer semeste	r – official duration: from _	to
□ Trimester	– official duration: from _	to
He / She has started	d at our University on	
☐ Virtual Mobility	☐ Face-to-Face Mobilit	у
☐Home Country	☐ Partner Country	
		Name of host institution
		ID code of the host institution
		Name of signatory
		Function
		Date
		Stamp and Signature