**Confirmation of ERASMUS+ Study Period**

Academic Year 2024/2025

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| This is to certify, that **Ms./Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (name of student)from the **Hochschule Trier** **(D TRIER02)** is enrolled as an exchange student: |
| **Name of receiving institution:** |  |
| **Erasmus code of receiving institution:** |  |

**Please sign below at the beginning of the study period:**

|  |  |
| --- | --- |
| **First Day of Study**:(first day the student has to be present at the receiving institution, including orientation and/or language course) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (day / month / year) |
| Name of Signatory(at receiving institution): |  |
| Function of Signatory: |  |
| (**Date/Stamp/Signature** of Responsible Person in the Receiving Institution) |

**Please sign below at the end of the study period** (last day or afterwards)**:**

|  |  |
| --- | --- |
| **Last Day of Study**:(last day the student has to be present at the receiving institution, including exams) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (day / month / year) |
| Name of Signatory(at receiving institution): |  |
| Function of Signatory: |  |
| (**Date/Stamp/Signature** of Responsible Person in the Receiving Institution) |