**Section to be completed AFTER THE MOBILITY**

Statement of receiving institution

The undersigned hereby declares that the student has completed his/her study period at the below mentioned institution:

|  |
| --- |
| **Name student:** |
| **Name of the receiving institution**:  |
| Erasmus Identity Code of the receiving institution:  |

|  |
| --- |
| Duration of study period from ...... / ...... / ............ to ...... / ...... / ............ |

|  |
| --- |
| Signed on behalf of the receiving institution: |
| Name: |
| SignatureDate: ...... / ...... / ............   | Stamp: |