

Erasmus+
Academic year

Confirmation of stay

It is hereby certified that

Mr/ Ms

home university **Clausthal University of Technology – D CLAUSTH01**
was enrolled as an Erasmus+ student at our institution

from (dd/mm/yyyy)

to (dd/mm/yyyy)

To be completed by the host institution:

Name of host institution

ID code of the host institution

Name of signatory

Function

Date

Stamp and Signature

