

Erasmus+

Academic year 2022/23

Confirmation of Stay

It is hereby certified that

Mr. / Ms. _____

Home university: GOTTFRIED WILHELM LEIBNIZ UNIVERSITÄT HANNOVER (D HANNOVE01)
was enrolled as an Erasmus+ exchange student at our institution:

Name of host institution: _____

Erasmus code of the host institution (if applicable): _____

Arrival sheet:

(to be filled out by the host institution)

Start of study¹ - related stay at host institution (day, month, year): _____

Name of signatory: _____

Function of signatory: _____

Place, date: _____

Stamp and Signature

Departure sheet:

(to be filled out by the host institution)

End of study¹ - related stay at host university (day, month, year): _____

Name of signatory: _____

Function of signatory: _____

Place, date: _____

Stamp and Signature

¹ Please note that the Erasmus+ mobility grant is calculated by the day. Therefore, **please fill in the definite study period** starting with the first official day at the host institution (including language courses and orientation days) and ending with the last official day at the host institution (including exam period) of the Erasmus+ student.