



Adam Mickiewicz University in Poznań
International Relations Office

ul. Wieniawskiego 1
61-172 Poznań
fax: +48 61 829 44 06
e-mail: erasmus@amu.edu.pl

CONFIRMATION OF ERASMUS STUDY PERIOD

This is to confirm, that the student _____
coming from Adam Mickiewicz University in Poznań, Faculty of _____
is being hosted at our Institution within the framework LLP-Erasmus program.

1. To be completed at student's arrival

Data of student arrival: ____/____/____

Name of the host Institution: _____

Erasmus code: _____

Name of the signatory: _____

Position: _____

Date: ____/____/____

Stamp and Signature

2. To be completed at student's departure

Data of student departure: ____/____/____

Name of the host Institution: _____

Erasmus code: _____

Name of the signatory: _____

Position: _____

Date: ____/____/____

Stamp and Signature