



UNIVERSITY OF
APPLIED SCIENCES IN NYSA



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ERASMUS+ STUDENT MOBILITY

CONFIRMATION OF STAY

Name and Surname of the Student	
Host Institution	
Sending Institution	University of Applied Sciences in Nysa

ERASMUS+ MOBILITY PERIOD

from (day/month/year) till (day/month/year)

(If applicable) Period of the virtual component: from till:

Stamp of the Host Institution

Name and signature of the Coordinator
in the Host Institution

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