

Erasmus+

Confirmation of Stay

Academic year



TECHNISCHE
UNIVERSITÄT
DARMSTADT

Internationale Beziehungen & Mobilität
International Relations & Mobility
Karolinenplatz 5
64289 Darmstadt
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This is to confirm that (*name of student*)
registered at Technische Universität Darmstadt (home institution) was enrolled as an exchange student within the
framework of the Erasmus+ Exchange Programme
at our institution (*name of host institution*)

Date of physical arrival at host institution

____ / ____ / ____
day month year

Name of signatory

Function

.....
Date, signature and stamp (host institution)

Date of physical departure from host institution

____ / ____ / ____
day month year

Name of signatory

Function

.....
Date, signature and stamp (host institution)

.....
Signature Student