**CERTIFICATE OF STAY**

**ERASMUS+ KA1/STUDENT MOBILITY**

**a.y.20../20..**

**STUDENT’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOST INSTITUTION**

**(Name / Erasmus+ code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 1 – CONFIRMATION OF ARRIVAL**

I hereby confirm that the above student has started his/her study period at our institution on

**DATE (dd/mm/yyyy):** .............................................

OFFICIAL STAMP OF HOST INSTITUTION

**NAME:**.....................................................................

**TITLE**......................................................................

**SIGNATURE**...........................................................

**Date**......................................................................

**SECTION 2 – CONFIRMATION OF DEPARTURE**

I hereby confirm that the above student has completed his/her study period at our institution on

**DATE (dd/mm/yyyy):**:.......................................

OFFICIAL STAMP OF HOST INSTITUTION

**NAME:**.....................................................................

**TITLE**......................................................................

**SIGNATURE**...........................................................

**Date**......................................................................

*Please return this document to:* *erasmus\_musica@fondazionemilano.eu*