

Certificate of Stay

Sending Institution (Erasmus Code):

Students Full Name:

Date of Birth: (DD/MM/YYYY)

We confirm that the student (full name) _____ was enrolled as an Erasmus+ student at our institution.

Start of academic stay (first day of study): (DD/MM/YYYY)

End of academic stay (last day of study, final exam): (DD/MM/YYYY)

Any comments (virtual phase, interruptions etc.)?

Host Institution (Erasmus Code): **Georg-August-Universität Göttingen (D GOTTING01)**

Function: Erasmus+ Departmental Coordinator or authorized Person

Signature & Date: Dr. Nuria Brinkmann

This confirmation should not be signed before the end of the academic stay otherwise, it will not be accepted.
A tolerance up to 5 days is acceptable.