

**NOTE: This form must be completely filled out in order to be accepted!!**

**ERASMUS+**

**CONFIRMATION OF ATTENDANCE**

**STUDENT MOBILITY FOR STUDIES (SMS)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | It is hereby certified that | | | | |  |  |  |  |  |
| **Mr / Ms .** | | | ………………………………………………………………. | | | | | | | | | | | | |
| student of | | | …………………………………………. | | | | | | | | | | (field of studies) | | |
|  | **was an ERASMUS+ student between the following dates** | | | | | | | | | | | | | | |
| from |  | . | | . | | . | | until |  |  | . | | . . | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | day | month | | year | |  |  |  | day | | month | | year | | |

**at .......................................................................................**

(host university / institution and department)



**To be completed by the host institution (university):**

|  |  |
| --- | --- |
| ......................................................  Name of signatory | .....................................................  Function |
| ......................................................  Date | .....................................................  Stamp and signature |

The letter of confirmation has to be completed **during the last week (or later)** of the Erasmus+ stay abroad and has to be submitted **within 30 days** after completing the stay to the responsible “Erasmus Referat der OeAD-GmbH” (regional Austrian Erasmus office / OeAD-GmbH) as an **original.**

Please note that the **actual duration of stay** at the host institution must be filled out. In case of a shorter stay the amount of the grant will be reduced proportionally. **Duration**: at least **three entire months** (e.g. 7 March - 6 June).

|  |  |
| --- | --- |
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