

## Confirmation of ERASMUS+ Study Period

Academic Year 20\_\_/20\_\_

This is to certify, that <b>Ms./Mr.</b> _____ (name of student)	
from the <b>Hochschule Trier</b> (D TRIER02) is enrolled as an exchange student:	
<b>Name of receiving institution:</b>	
<b>Erasmus code of receiving institution:</b>	

**Please sign below at the beginning of the study period:**

<b>First Day of Study:</b> (including orientation and/or language course)	_____ (day, month, year)
Name of Signatory (at receiving institution):	
Function of Signatory:	
(Date/Stamp/Signature of Responsible Person in the Receiving Institution)	

**Please sign below at the end of the study period:**

<b>Last Day of Study:</b> (including exams)	_____ (day, month, year)
Name of Signatory (at receiving institution):	
Function of Signatory:	
(Date/Stamp/Signature of Responsible Person in the Receiving Institution)	