**STUDENT**

|  |  |
| --- | --- |
| First name |  |
| Family name |  |
| Date of birth (day / month / year) |  |

**SENDING INSTITUTION**

|  |  |
| --- | --- |
| Name of the institution | **Budapest Metropolitan University**  |
| Country | **Hungary** |
| ERASMUS code | **HU BUDAPES45** |

**HOST INSTITUTION**

|  |  |
| --- | --- |
| Name of the institution |  |
| Country |  |

We hereby confirm, that the above named student has performed an Erasmus+ traineeship mobility in our institution during the below mentioned period.

|  |  |
| --- | --- |
| Date of arrival | **\_\_\_/\_\_\_/\_\_\_\_\_\_** |
| Signature and date |  |
| Stamp of the institution |  |

|  |  |
| --- | --- |
| Date of departure | **\_\_\_/\_\_\_/\_\_\_\_\_\_** |
| Signature and date |  |
| Stamp of the institution |  |