

LLP / ERASMUS EXCHANGE PROGRAMME
20__ - 20__

LETTER OF CONFIRMATION

(This confirmation has to be signed by the Erasmus Coordinator of the Receiving Institution).

NAME OF THE RECEIVING INSTITUTION: _____

IT IS HEREBY CERTIFIED THAT THE STUDENT: _____

IS AN ERASMUS STUDENT / TRAINEE IN THE FACULTY / DEPARTAMENT OF:

- **ARRIVAL DATE** (day, month, year) _____.

NAME THE SIGNATORY: _____

FUNCTION: _____

DATE: _____

- **DEPARTURE DATE** (day, month, year) _____.

NAME THE SIGNATORY: _____

FUNCTION: _____

DATE: _____

STAMP AND SIGNATURE:

NOTE:

PLEASE COMPLETE THIS CONFIRMATION WITH THE STUDENT'S ARRIVAL DATE, AT THE BEGINNING OF THE ERASMUS MOBILITY AND SEND IT DULY SIGNED AND STAMPED BY FAX TO:
+ 351 291 209 470.

AT THE END OF THE STAY, PLEASE COMPLETE WITH THE DATE OF DEPARTURE.

THE STUDENT WILL present THIS CONFIRMATION TO THE INTERNATIONAL OFFICE OF UNIVERSIDADE DA MADEIRA. THANK YOU!