ERASMUS+ Academic Year 2019/2020
PERIOD OF STAY

To be filled out by any responsible person at the International Office of the Host Institution

**This section should be completed and signed no later than two days before or after the actual arrival date.**

We herewith confirm that the student ________________________________
enrolled in __________________________ (study field)
coming from THM University of Applied Sciences
is being hosted as an ERASMUS+ exchange student.

To be completed at student’s arrival:
Date of student’s arrival: ___________________ (dd.mm.yyyy)
Expected end date: ___________________ (dd.mm.yyyy)
Name of Institution: ________________________________
Name of the officer: ________________________________
Date of signature: ___________________ (dd.mm.yyyy) Signature: ________________________________
Official stamp:

Please send this document upfront via E-Mail to auslandssemester@thm.de.

**This section should not be completed and signed more than two days before the actual end of study period.**

It is hereby certified that the above named student was enrolled as an ERASMUS+ student at our institution
from _____________ (dd.mm.yyyy)
to _____________ (dd.mm.yyyy)
Name of Institution: ________________________________
Name of the officer: ________________________________
Date of signature: _________ (dd.mm.yyyy) Signature: ________________________________
Official stamp:

The original of this document shall be returned by the student to:
Technische Hochschule Mittelhessen
International Office
Wiesenstraße 14
35390 Gießen/Germany