

	ERASMUS+ PROGRAMME STUDENT MOBILITY FOR TRAINEESHIP CERTIFICATE OF ARRIVAL			
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**ERASMUS+ PROGRAMME
STUDENT MOBILITY FOR TRAINEESHIP
20..-20.. Academic Year**

CERTIFICATE OF ARRIVAL

Home University:

Student's Full Name:

Faculty and Department:

This is to confirm that the abovementioned student is enrolled as a full-time trainee at our institution within the Erasmus+ Programme Student Mobility for Traineeship starting

From (DD/MM/YYYY):

Host Institution:

Name of signatory:

Position / Title:

Date:

Signature:

Stamp:

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** This document is to be classified as "Confidential" when filled in.*