

	ERASMUS+ PROGRAMME STUDENT MOBILITY FOR STUDIES CERTIFICATE OF ARRIVAL			
	Document No	Pub. Date	Rev. No / Rev. Date	Page No
	KYS-FR-39-ENG	07.05.2021	0 / -	1 / 1

**ERASMUS+ PROGRAMME
STUDENT MOBILITY FOR STUDIES
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 student at our institution within the Erasmus+ Programme Student Mobility for Studies starting

From (DD/MM/YYYY):

Host Institution:

ID code of the host institution:

Name of signatory:

Position / Title:

Date:

Signature:

Stamp:

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