STATEMENT OF HOST INSTITUTION
ACADEMIC YEAR 20 /20

Student data

Name	
Surname	
Date of Birth	
Home Institution	**University of National and World Economy** **BG SOFIA03**

The undersigned representative of the Host Institution hereby confirms that the student as mentioned above, has realized an Erasmus mobility period at the Host Institution:

Host Institution	
Address, City, Country	
Contact person Name, Surname, Title Position E-mail address	

CONFIRMATION OF ARRIVAL	
Date of Arrival	
Planned Departure Date	

Name, Surname, Position of the Host HEI Representative **……** **……** **Signature: ……..…** **Date: ……..**	**Stamp of Host Institution**

CONFIRMATION OF DEPARTURE	
Date of Departure	

Name, Surname, Position of the Host HEI Representative **……** **……** **Signature: ……..…** **Date: ……..**	**Stamp of Host Institution**