

**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
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CONFIRMATION OF DEPARTURE	
Date of Departure	

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