



Erasmus+ ProgrammeLetter of Confirmation (SMP)

Academic Year 2019/2020

	(name of the host
institution), as an ex	change student within the Erasmus+ Programme from
	ll/ (filled by the host institution).
(dd/mm/yyyy)	(dd/mm/yyyy)
Name and status (ho	est institution):
Signature:	
G: :::::	
Stamp of institution:	
Stamp of institution	
Date://	(to be signed at the end of the traineeship period).
Date:// (dd/mm/yyy	(to be signed at the end of the traineeship period). y) llowing information about the host institution(*), to enable our
Date:// (dd/mm/yyy Please provide the for Erasmus+ Report to the	(to be signed at the end of the traineeship period). y) llowing information about the host institution ^(*) , to enable our e European Commission:
Date:// (dd/mm/yyy Please provide the for Erasmus+ Report to the Type of Institution (e.g.	(to be signed at the end of the traineeship period). y) llowing information about the host institution(*), to enable our e European Commission: public, private, NGO, research centre, university):
Date:// (dd/mm/yyy) Please provide the form Erasmus+ Report to the Type of Institution (e.g. Economic Sector:	(to be signed at the end of the traineeship period). y) llowing information about the host institution ^(*) , to enable our e European Commission:
Date:// (dd/mm/yyy) Please provide the form Erasmus+ Report to the Type of Institution (e.g. Economic Sector: Postal Code:	(to be signed at the end of the traineeship period). y) llowing information about the host institution ^(*) , to enable our e European Commission: public, private, NGO, research centre, university):