Erasmus + Academic Year 2019/2020
Confirmation of Stay
- to be filled in at the end of the study period -

_____________________________________________, student of Heilbronn University
first name and family name of the student

was enrolled as an Erasmus student at

______________________________________________________, name of host university

Start date of the study period:

day / month / year

End date of the study period:

day / month / year

______________________________________________________, name of signatory of the host university

function

date, signature and stamp

Please send this form to the International Office of Heilbronn University by email immediately after the student’s study period at the host university. Thank you!

Email: io-outgoings@hs-heilbronn.de

Hochschule Heilbronn, Max-Planck-Str. 39, 74081 Heilbronn, Germany