

Stamp of the host institution:

Załącznik nr 13
do Regulaminu naboru i zasad wyjazdów
studentów, doktorantów i pracowników
Śląskiego Uniwersytetu Medycznego
w Katowicach w ramach Programu
Erasmus+

CONFIRMATION OF STAY

NAME OF THE HOST INSTITUTION:	
<p style="text-align: center;"><i>It is hereby certified that</i></p> <p><i>Mr/Mrs.</i></p> <p style="text-align: center;"><i>from the Medical University of Silesia in Katowice, Poland</i></p> <p style="text-align: center;"><i>has been an Erasmus+ student/trainee at our Institution.</i></p> <p><i>Physical mobility: from to</i> <i>(day/ month/year) (day/month/year)</i></p> <p><i>Virtual mobility (if applicable): in the field of:.....</i> <i>(day/ month/year)</i></p>	
<p style="text-align: center;">..... <i>(year/month/day)</i></p>	<p style="text-align: center;"><i>(Stamp and signature)</i></p>
<p style="text-align: center;"><i>Signed by:</i></p>	
<p style="text-align: center;"><i>Position:</i></p>	

*please send the signed document by email to erasmus@sum.edu.pl