



Anexa 15

Academic year 20..../20....



CONFIRMATION OF ARRIVAL AND DEPARTURE

STAFF DETAILS

Family name: First Name:

Nationality: Sex: F M Date of birth:/...../.....

HOST INSTITUTION

Name:

Coordinator name:

Phone:

E-mail:

ON BEHALF OF HOST INSTITUTION: ARRIVAL

I confirm that the staff mentioned above arrived at the host institution on
...../...../..... (date)

Name:

Signature: University stamp:

ON BEHALF OF HOST INSTITUTION: DEPARTURE

I confirm that the staff mentioned above stayed at the host institution until
...../...../..... (date)

Name:

Signature: University stamp: