



ERASMUS+ STUDENT EXCHANGE
2017-2018 ACADEMIC YEAR

Confirmation of Participation

It is hereby certified that

Name and Surname of the Student

has participated training activities at

Name of the Institution or Company

Between

Begining of the Internship Period: ___/___/___

End of the Internship Period: ___/___/___

DATE

STAMP

SIGNATURE
Position Name Surname