 

**STATEMENT OF HOST INSTITUTION**

**Erasmus+ Programme**

**Academic year 2014/2015**

**Student/ staff member data** (please underline)

|  |  |
| --- | --- |
| Name: |  |
| Surname: |  |
| Date of Birth: |  |
| Home Institution:Erasmus ID code(eg. B BRUXEL01): | **ZDRAVSTVENO VELEUČILIŠTE/UNIVERSITY OF APPLIED HEALTH SCIENCES****HR ZAGREB04** |

The undersigned representative of the Host Institution hereby confirms that the above mentioned student/ staff member has realized Erasmus mobility period at host Institution:

**Confirmation of Arrival**

|  |  |
| --- | --- |
| **Date of Arrival:** |  |

|  |  |
| --- | --- |
| Name, Surname, Position of the host HEI RepresentativeSignature:Date: | Stamp of Host Institution |

**Confirmation of Departure**

|  |  |
| --- | --- |
| **Date of Departure:** |  |

|  |  |
| --- | --- |
| Name, Surname, Position of the host HEI RepresentativeSignature:Date: | Stamp of Host Institution |

**Host Institution data**

|  |  |
| --- | --- |
| Host Institution:Erasmus ID code(eg. BE Bruxelles01): | Zdravstveno veleučilište/University of Applied Health SciencesHR ZAGREB04 |
| Address, City, Country:  | Mlinarska cesta 38, 10000 Zagreb, Croatia |
| Host faculty, department, Unit |  |
| Contact person\*Name, Surname, Title, PositionE-mail address |  |

* *Contact person may be professor, mentor, institutional, ECTS or Erasmus coordinator*