 

**STATEMENT OF HOST INSTITUTION**

**Erasmus+ Programme**

**Academic year 20\_\_/20\_\_**

**Student**

|  |  |
| --- | --- |
| Name: |  |
| Surname: |  |
| 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 institution RepresentativeSignature:Date: | Stamp of Host Institution |

**Confirmation of Departure**

|  |  |
| --- | --- |
| **Date of Departure:** |  |
| Name, Surname, Position of the host institution RepresentativeSignature:Date: | Stamp of Host Institution |

**Learning activities**

|  |  |
| --- | --- |
| Virtual learning | Face-to-face learning: |
| from to  | from to |

**Host Institution data**

|  |  |
| --- | --- |
| Host Institution:Erasmus ID code, if applicable(e.g., BE Bruxelles01): |  |
| Address, City, Country:  |  |
| Host faculty, Department, Unit |  |
| Contact person\*Name, Surname, Title, PositionE-mail address |  |

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