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|  | **SS. CYRIL AND METHODIUS UNIVERSITY IN SKOPJE** |  |
| **ERASMUS+ STAFF****CONFIRMATION OF ARRIVAL/DEPARTURE****ACADEMIC YEAR** \_\_\_\_\_/\_\_\_\_\_\_ |

**THIS DOCUMENT CONFIRMS THE DURATION OF THE ERASMUS+ MOBILITY. IT WILL BE TAKEN INTO ACCOUNT FOR PAYING OUT THE INDIVIDUAL SUPPORT.**

***[To be completed by the academic staff]***

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| **Name and Surname** **of Academic Staff** |  |
| **Sending Faculty** |  |
|  |
| **Receiving University** |  |
| **Receiving Faculty** |  |
| **Country** |  |

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| **CONFIRMATION OF ARRIVAL*****[To be completed by the receiving University]*** |  |
| This is to confirm the beginning of the Erasmus+ mobility of the academic staff at the receiving University. |
| **Date of Arrival** |  |
| **Name and Surname of the Erasmus+ contact person at receiving University**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature:****Date:** | **Stamp of receiving University** |

**Signature of academic staff:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CONFIRMATION OF DEPARTURE*****[To be completed by the receiving University]*** |  |
| This is to confirm the end of the Erasmus+ mobility of the academic staff at the receiving University. |
| **Date of Departure** |  |
| **Name and Surname of the Erasmus+ contact person at receiving University**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature:****Date:** | **Stamp of receiving University** |

**Signature of academic staff:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_