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|  | **SS. CYRIL AND METHODIUS UNIVERSITY IN SKOPJE** |  |
| **ERASMUS+ MOBILITY**  **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 ERASMUS+ GRANT.**

***[To be completed by the participant]***

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| **PARTICIPANT NAME AND SURNAME** |  |
| **SENDING FACULTY** |  |
|  | |
| **RECEIVING UNIVERSITY** |  |
| **RECEIVING FACULTY** |  |
| **COUNTRY** |  |

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| **CONFIRMATION OF ARRIVAL**  ***[To be completed by the receiving University/Faculty]*** | |  |
| This is to confirm the beginning of the Erasmus+ mobility at the receiving University. | | |
| **TRAVEL DATE:** *\_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_* | | |
| **DATE OF ARRIVAL AT RECEIVING UNIVERSITY :** *\_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_* | | |
| **Name and surname of Erasmus+ contact person at receiving University**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature:**  **Date:** | **Stamp of receiving University** | |

**Participant signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CONFIRMATION OF DEPARTURE**  ***[To be completed by the receiving University/Faculty]*** | |  |
| This is to confirm the end of the Erasmus+ mobility at the receiving University. | | |
| **TRAVEL DATE:** *\_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_* | | |
| **DATE OF DEPARTURE FROM RECEIVING UNIVERSITY :** *\_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_* | | |
| **Name and surname of Erasmus+ contact person at receiving University**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature:**  **Date:** | **Stamp of receiving University** | |

**Participant signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_