|  |  |  |
| --- | --- | --- |
| UR H | **UNIWERSYTET ROLNICZY IM. HUGONA KOŁŁĄTAJA W KRAKOWIE****Biuro Współpracy i Wymiany Międzynarodowej**Al. Mickiewicza 21, 31-120 Kraków Tel.: (12) 662-42-03, 662-42-60; 662-42-91 fax: (12) 633-62-45  |  |

**Erasmus + ………./……….**

**CONFIRMATION**

To Whom It May Concern

We herewith confirm that student: …………………………………………………………**,**

coming from the institution: University of Agriculture in Krakow

Erasmus code: PL KRAKOW06

Country: Poland

has performed an Erasmus+ mobility in our institution.

DURATION OF STAY:

from …………………………. till ………………………….

MOBILITY TYPE:

Student mobility for traineeship (SMP)

HOST INSTITUTION:

Name of institution: ………………………………………………………………………..

Erasmus code (not obligatory): …………………………………………………………….

Country: ……………………………………………………………………………………

Place: ………………………………..

Date: ………………………………..

Name and the position of the authorized person at the host institution: ………………………..

 ………………………………………………………

 Signature and stamp of the host institution