**Wrocław,**

# Confirmation of Erasmus study period

# in the academic year 2015/2016

STUDENT

|  |  |
| --- | --- |
| Family name: |  |
| First name: |  |
| Sex: |  |
| Date and place of birth: |  |

SENDING INSTITUTION

|  |  |
| --- | --- |
| Country: |  |
| Name of sending institution: |  |

RECEIVING INSTITUTION

|  |  |
| --- | --- |
| Country: | Poland, Wrocław |
| Name of receiving institution:  | College of Management Edukacja PL WROCLAW13 |
| Faculty/Department: | Management |

This is to certify that … was registered as Erasmus guest student at our institution from … to … of the 2015/2016 academic year.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Erasmus departmental/ institutional coordinator)