



LLP-ERASMUS Programme Confirmation of the Arrival and Departure

Confirmation of Arrival
This is to confirm that
Mr/Ms from Medical University of Lodz (first name and surname of the student)
has arrived at
on (year/month/day)
name and the position of the signatory
date signature and stamp of the host institution

Confirmation of Departure
This is to confirm that
Mr/Ms from Medical University of Lodz (first name and surname of the student)
has completed her/his ERASMUS placement period during the academic year 2011/2012
at
on (year/month/day)
name and the position of the signatory
date signature and stamp of the host institution