 

**CONFIRMATION 2**

**ERASMUS+ Study**

**Academic year 20 /20**

**End of student’s ERASMUS activities abroad**

It is hereby certified that student (First name and Surname):

from University of Maribor, **finished** her/his ERASMUS activities at our institution on:

(day, month, year) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Name of host institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID code of host institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Function of the signatory : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Stamp and Signature:

**This certification should be completed by the host institution at the end of the student’s ERASMUS activities at the host institution by responsible person, who can ensure the correct dates. This document is the base for justification of Erasmus scholarship.**

**Student has to send the original of this CONFIRMATION 2 together with her/his final Erasmus report to the University of Maribor.**

**Univerza v Mariboru**

**Služba za mednarodno sodelovanje in programe mobilnosti**

**Slomškov trg 15**

**2000 Maribor**

**Slovenija**