

VALIDATION FORM

VALIDATION OF THE ERASMUS+ STUDY PERIOD BY THE HOST INSTITUTION

Student's name: **Ms Kamilla Zsuzsanna GALICZ**

Sending Institution and its Erasmus Code:

**University of Pécs
(HU PÉCS 01)**

Host Institution and its Erasmus Code:

**Universidade Nova De Lisboa
(P LISBOA03)**

To be completed by the representative of the Host Institution

We hereby certify that the above named student has enrolled in our institution as an ERASMUS+ student in order to complete her studies of 4 months from 18/09/2017 to 26/01/2018.

Signature:



Stamp of the Host Institution:

Faculdade de Direito - UNL
International Exchange Programmes

Name and function of signatory:

**RITA JORDÃO
ERASMUS OFFICER**

Date:

To be completed by the representative of the Host Institution at the end of the study period

We hereby certify that the above named student finished his/her period of studies at our institution as an ERASMUS+ student on this day: 26/01/2018.

Signature:



Stamp of the Host Institution:

Faculdade de Direito - UNL
International Exchange Programmes

Name and function of signatory:

**RITA JORDÃO
ERASMUS OFFICER**

Date: **26.01.2018**