

Please RETURN the signed form to +36-1-482-5023 by fax or to erasmus@uni-corvinus.hu scanned.
Thanks!

5. SZ. MELLÉKLET (VALIDATION FORM)

**VALIDATION OF THE ERASMUS STUDY PERIOD
BY THE HOST INSTITUTION**

STUDENT'S NAME: <u>BAGI NÓRA</u>	
Student's address in Host Country: <u>PLANTSOEN 46, 6701 AS, WAGENINGEN</u>	
Sending Institution & its Erasmus Code:	Corvinus University of Budapest (HU BUDAPES03)
Receiving Institution & its Erasmus Code:	<u>WAGENINGEN</u> <u>Wageningen University</u>

To be completed by the representative of the RECEIVING (HOST) Institution at the BEGINNING of the study period

We hereby certify that the above named student has enrolled in our institution as an ERASMUS student in order to complete his/her studies of 5 months from 13./...02./2012 to 09./...07./2012 (expected dates of the study period).

Signature:



Stamp of the Host Institution:

WAGENINGEN UNIVERSITY
SCHOOL OF LIFE SCIENCES

Name & function of signatory:

Con Langeveld, Dept.
Exchange Coord. LIFE SCIENCES

Date:

20-2 12

To be completed by the representative of the RECEIVING (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: 11./...7./2012

Signature:



Stamp of the Host Institution:

WAGENINGEN UNIVERSITY
WAGENINGEN

Name & function of signatory:

Bea Tansen
Erasmus exchange
administrator

Date:

12-7-2012

Attention! This part of the form cannot be signed more than two days earlier than the actual end of the study period.

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