

**VALIDATION OF THE ERASMUS STUDY PERIOD
BY THE HOST INSTITUTION**
A FOGADÓ INTÉZMÉNY IGAZOLÁSA AZ ERASMUS IDŐSZAKRÓL

This box can be completed by the student

STUDENT'S NAME: BACSAI ERŐS

Student's address in Host Country: MATYÁSZEKY 8., ESZTERGOM 2000, HUNGARY

Sending Institution & its Erasmus Code: Corvinus University of Budapest, HU BUDAPES03

EUC number: 51840-IC-1-2007-1-HU-ERASMUS-EUCX-1

Receiving Institution & its Erasmus Code:

**To be completed and signed by the representative of the RECEIVING (HOST) Institution
at the BEGINNING of the Erasmus period**

We hereby certify that the above named student has enrolled in our institution as an Erasmus student (learning mobility). The expected dates of the Erasmus period: from 2.9.2015 (dd/mm/yyyy) to 18.12.2015 (dd/mm/yyyy).

Signature:

Mariita Puukkonen
MARIITA PUUKKONEN

Stamp of the Host Institution:

UNIVERSITY OF OULU
Faculty of Technology

Name & function of signatory:

FACULTY OF TECHNOLOGY
EXCHANGE COORDINATOR

Date:

2.9.2015

Attention!

The following section should not be completed and signed more than 5 days earlier than the actual end of the study period.

**To be completed and signed by the representative of the RECEIVING (HOST) Institution
at the END of the Erasmus period**

We hereby certify that the above named student FINISHED his/her Erasmus period of learning mobility at our institution as an Erasmus student on this day: 18.12.2015 (dd/mm/yyyy).

This section should not be completed and signed more than 5 days earlier than the actual end of the study period.

Signature:

Mariita Puukkonen
MARIITA PUUKKONEN

Stamp of the Host Institution:

UNIVERSITY OF OULU
Faculty of Technology

Name & function of signatory:

FACULTY
EXCHANGE COORDINATOR

Date:

15.12.2015