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**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: BÖLTE BERTA ESZTER

Student's address in Host Country: MØLLEGADE 20, 24, 2200 KØBENHAVN N

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: COPENHAGEN BUSINESS SCHOOL
DKKØBENHA05

**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  Copenhagen (dd/mm/yyyy) to 23.12.2015 (dd/mm/yyyy).

Signature:

Anette Cox

Stamp of the Host Institution: Have 15, 2nd floor, West
DK-2000 Frederiksberg
Tel.: +45 3815 3006
E-mail: rec.intoff@cbs.dk

Name & function of signatory:

ANETTE COX

*INTL. PROGRAMS MANA
GER*

Date:

24/08-2015

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: 23.12.2015 (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:

[Signature]

Copenhagen Business School
Handelsøjskolen i København
The International Office

Stamp of the Host Institution:

Name & function of signatory:

Have 15, 2nd floor, West
DK-2000 Frederiksberg
Tel.: +45 3815 3006
Fax: +45 3815 3825

Date:

*CARLOS SANTANA
CS-INTOFF@CBS.DK
INBOUND AIRBOR*

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