

VALIDATION FORM

VALIDATION OF THE ERASMUS+ STUDY PERIOD BY THE HOST INSTITUTION

Student's name: _____ Sara Peter _____

Sending Institution and its Erasmus Code:	University of Pécs (HU PECS01)
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Host Institution and its Erasmus Code: UK HATFIEL01
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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 his/her studies of⁵ months from 20/01/2020 to 10/06/2020.

Signature:

Paul N

Stamp of the Host Institution:



Name and function of signatory:

Paul Netedu - Study Abroad Coordinator

Date:

08/06/2020

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: 10./...06...../20.20.

Signature:

Paul N

Stamp of the Host Institution:



Name and function of signatory:

Date: 08/06/2020

Paul Netedu - Study Abroad Coordinator