**College of Applied Sciences „Lavoslav Ružička“ in Vukvoar**

**Erasmus+ programme KA103 – Academic year 2015/2016**

**STATEMENT OF HOST INSTITUTION**

The host institution have to complete this form, singed and stamped send scanned copy to College in Vukovar upon arrival Section1, and at the end of work placement section 2.

**STAFF MEMBER**

|  |  |
| --- | --- |
| FIRST NAME  |       |
| SURNAME  |       |
| PLACE, DATE OF BIRTH |       |
| HOME INSTITUTION |       |
| ERASMUS ID CODE (OF HOME INSTITUTION) |       |

**HOST INSTITUTION**

|  |  |
| --- | --- |
| HOSTINSTITUTION |       |
| ERASMUS ID CODE (OF HOST INSTITUTION) |       |
| ADDRESS, CITY, COUNTRY  |  |
| HOST FACULTY, DEPARTMENT/UNIT |  |

**SECTION 1 - CONFIRMATION OF ARRIVAL**

The undersigned representative of host institution hereby confirms that the above mention staff member has realized Erasmus+ mobility period at host institution:

|  |  |
| --- | --- |
| **DATE OF ARRIVAL (STAFF MEMBER)** |  |
| NAME AND SURNAME OF THE HOST INSTITUTION REPREZENTTIVE  |       |
| TITLE  |       |
| SIGNATURE  |       | OFFICIAL STAMP OF HOST INSTITUTION |
| DATE |       |

Please send scanned copy of this document to: erasmus@vevu.hr no later than 7 days after beginning of the working period at the receiving institution.

**SECTION 2 – CONFIRMATION OF DEPARTURE**

|  |  |
| --- | --- |
| **DATE OF THE DEPARTURE ( STAFF MEMBER)** |       |
| NAME AND SURNAME OF THE HOST INSTITUTION REPREZENTTIVE  |       |
| TITLE  |       |
| SIGNATURE  |       | OFFICIAL STAMP OF HOST INSTITUTION |
| DATE |       |

Please send scanned copy of this document to: erasmus@vevu.hr no later than 7 days after the end of working period at the receiving institution.

Please return original of this document to the staff member.