



Erasmus+

CERTIFICATE OF STAY

Erasmus+ Programme Academic
Year 2024/2025
Incoming Student Mobility for

Student Data

Name:	
Surname:	
Sending Institution:	International Hellenic University (IHU)- Alexander Campus

The undersigned representative of the **Receiving Institution** hereby confirms that the above-mentioned student has realized an Erasmus mobility period:

Date:	

Confirmation of Departure

Date of Departure:		
Signature of Host Institution Representative:	Stamp of Host Institution	
Date:		

Receiving Institution

Name:	
Address, City, Country:	
Contact person Name, Surname, Title, Position E-mail address	