*Załącznik nr 9 do Regulaminu*





**STATE UNIVERSITY OF APPLIED SCIENCES IN KROSNO**

**PL KROSNO01 STUDENT MOBILITY FOR STUDIES (SMS)**

**ACADEMIC YEAR 20…/20…**

CONFIRMATION OF THE STAY

Information below should signed by a representative of the university visited.

Student’s name and surname:

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From: Institution (with ERASMUS code): ....................................................................................................................................................................
Has been an Erasmus+ student at the State University of Applied Sciences in Krosno

in the Department/Field of study:

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Dates of student’s stay: from (day/month/year) ...............................................................

until (day/month/year) ...............................................................

Date: ............................................... Signature and Stamp:

...............................................