**STATE UNIVERSITY OF APPLIED SCIENCES IN KROSNO, PL KROSNO01**

**STUDENT MOBILITY FOR TRAINEESHIPS (SMP)**

**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: **State University of Applied Sciences in Krosno**

Has been an Erasmus+ trainee at the **Institution:**

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**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: ...............................................