**Certificate of arrival and departure**

**of Erasmus+ student participating**

**in the mobility for studies/traineeships[[1]](#footnote-1)**

|  |  |
| --- | --- |
| Student’s name |  |
| Sending Institution | Medical University of Bialystokul. Jana Kilińskiego 1, 15-089 Białystok, Polandphone no. +48 85 748 54 15 (Main Office)phone no. +48 85 686 53 37 (Erasmus+ Office)e-mail: international@umb.edu.pl |
| Receiving Institution |  |

**Certificate of arrival**

|  |  |
| --- | --- |
| Date of arrival*(DD/MM/YYYY)* | \_\_/ \_\_/ \_\_\_\_ |
| Name and the position of the responsible person |  |
| Signature and Institutional stamp |  |

**Certificate of departure**

|  |  |
| --- | --- |
| Date of departure*(DD/MM/YYYY)* | \_\_/ \_\_/ \_\_\_\_ |
| Name and the position of the responsible person |  |
| Signature and Institutional stamp |  |

**Certificate of online part[[2]](#footnote-2)**

|  |  |
| --- | --- |
| Dates the of online part*(DD/MM/YYYY)* | From \_\_/ \_\_/ \_\_\_\_ to \_\_/ \_\_/ \_\_\_\_  |
| Signature and Institutional stamp |  |

1. Delete as appropriate [↑](#footnote-ref-1)
2. Regarding short-term Mobility for Traineeships [↑](#footnote-ref-2)