**Confirmation of Stay**

To be completed at the completion of your studies at your host institution and within 1-one week after returning to home institution returned to Queen Maud University College of Early Childhood Education’s International Office: international@dmmh.no

**Student Name:**Klikk eller trykk her for å skrive inn tekst.

**Date of Birth:**Klikk eller trykk her for å skrive inn tekst.

**Sending Institution:** Queen Maud University College of Early Childhood Education (DMMH)

**Erasmus Code:** N TRONDHE06

**Receiving Institution:**Klikk eller trykk her for å skrive inn tekst.

**Erasmus Code:**Klikk eller trykk her for å skrive inn tekst.

This is to confirm that the above mentioned student has attended our institution for the purpose of Erasmus+ mobility during the period as mentioned below:

**Academic Year:** Klikk eller trykk her for å skrive inn tekst.

**Semester:** Klikk eller trykk her for å skrive inn tekst.

**Study Start Date** (dd.mm.yy):Klikk eller trykk her for å skrive inn tekst.

**Study End Date** (dd.mm.yy):Klikk eller trykk her for å skrive inn tekst.

**Name and position responsible person at host institution:**

[Signature of responsible person] [Date]