**VALIDATION OF THE ERASMUS STUDY PERIOD**

**BY THE HOST INSTITUTION**

**STUDENT’S NAME:**

Sending Institution & Erasmus Code: **University of Public Service** (HU BUDAPES54)

Receiving Institution & Erasmus Code:

**Certificate of Enrollment**

**To be completed and signed by the representative of the RECEIVING (HOST) Institution at the BEGINNING of the Erasmus period**

We hereby certify that the above named student has enrolled as an Erasmus student at our institution. The expected dates of the Erasmus period: from ………/………/………….. (dd/mm/yyyy) to ………/………/………….. (dd/mm/yyyy).

Signature: Stamp of Host Institution:

Name & function of signatory:

 Date:

**Certificate of Completion of Studies**

**To be completed and signed by the representative of the RECEIVING (HOST) Institution at the END of the Erasmus period**

We hereby certify that the above named student COMPLETED his/her Erasmus period of learning mobility as an Erasmus student at our institution on this day: ………/………/………….. (dd/mm/yyyy).

(In case it is relevant, the period of online distance learning: from……./………/……… (dd/mm/yy)until …../…../……. (dd/mm/yy)).

Signature: Stamp of Host Institution:

Name & function of signatory:

 Date: