

DURATION OF STUDIES AT HOST INSTITUTION

To be completed by the Erasmus Office of the Host Institution

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LAST I	IAME	FIRST NAME					
DATE	OF BIRTH	FATHER'S NAME					
HOST	INSTITUTION DATA						
NAME							
FACUL	ТҮ	ERASMUS CODE					
HOST INSTITUTION ACADEMIC CALENDAR							
ORIENTATION PERIOD / - LECTURE / STUDY PERIOD / / -		/ / / OFFICIAL HOLIDAYS					
EXAM	EXAMINATION PERIOD / _ / _ / _ / _ / _ / _ / _ / _ / _ / _ / _ / _ / _ / _ / _ / _ / / _ / / _ / / _ / / _ / / _ /						
ENROLLMENT	This is to certify that the student mentioned above has been enrolled in our Institution as an ERASMUS Plus exchange student on (DD/MM/YY) / / / / / / / / Signature Date Stamp Name & Position Remarks						
COMPLETION	This is to certify that the student mentioned above has completed his/her studies period at our Institution as an ERASMUS Plus exchange student on (DD/MM/YY) / / / / / / / / / / / / / / / / / /						

Please fill in all fields

After the enrollment, please send a copy of this document (duly signed and stamped) by e-mail at erasmus-outgoing@auth.gr

After the completion of studies period, please give the original document (duly signed and stamped) to the student, or send it by post to the following address: **Aristotle University of Thessaloniki,**

Dept of European Educational Programmes, Administration Building, 54124 Thessaloniki, Greece.