



ARISTOTLE UNIVERSITY OF THESSALONIKI
DEPARTMENT OF EUROPEAN EDUCATIONAL PROGRAMMES
DURATION OF STUDIES AT HOST INSTITUTION
To be completed by the Erasmus Office of the Host Institution

STUDENT DATA

LAST NAME		FIRST NAME	
DATE OF BIRTH		FATHER'S NAME	

HOST INSTITUTION DATA

NAME			
FACULTY		ERASMUS CODE	

HOST INSTITUTION ACADEMIC CALENDAR

ORIENTATION PERIOD		/		/		-		/		/		OFFICIAL HOLIDAYS
LECTURE / STUDY PERIOD		/		/		-		/		/		
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) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
	Signature	Date	<input type="text"/>	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+ exchange student on (DD/MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
	Signature	Date	<input type="text"/>	Stamp
	Name & Position			
	Remarks			

MOBILITY TYPE	Physical mobility	<input type="text"/>		
	Virtual mobility	<input type="text"/>		
	Blended mobility	<input type="text"/>		
	Physical mobility dates		<input type="text"/>	<input type="text"/>
	Virtual mobility dates		<input type="text"/>	<input type="text"/>

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**