

## 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

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LAST NAME			FIRST NAM	IE			
DATE OF BIRTH			FATHER'S N	IAME			
HOST	INSTITU	TION DATA					
NAME							
FACUL	.TY			ERASMU	S CODE		
ENROLLMENT	1	Position	Date	enrolled ir		on as an Erasm	
COMPLETION				ed his/her		d at our Institu	
Only in c	ases of bler	nded mobilities:					
BLENDED		nobility dates mobility dates		- [			

- 1. The **start date** of the study period could be the start date of the first course, a welcoming event or orientation/registration days organized by the Receiving Institution, an information session for students with special needs, a language and/or inter-cultural course organized either by the Receiving Institution or other organizations (if the Sending Institution considers it relevant to the mobility) that the student attended with **physical presence** at the host country.
- 2. The **end date** of the study period is the last day of the student's **physical presence** at the host Institution, which is directly associated with an educational activity at the Receiving Institution, ie an exam session.

Please fill in all fields, since this document will be used for the confirmation of the student's Erasmus+ mobility's duration and will be taken into account for the final calculation of the Erasmus+ grant, in conjunction with the dates of the respective travel documentation of the student.

**After the enrollment**, please send a copy of this document (duly signed and stamped) by e-mail to the student. **After the completion of studies period**, please either provide the original document (duly signed and stamped) to the student, or send a copy of it by email to the student.