Certificate of arrival and departure of Erasmus+ student participating in the mobility for studies/traineeships[[1]](#footnote-1)

# Data

| **Type of data**  | **Data** |
| --- | --- |
| **Student’s name** |  |
| **Sending Institution** | Medical University of Bialystokul. Jana Kilińskiego 1, 15-089 Białystok, Polandphone no. +48 85 748 54 15 (Main Office)phone no. +48 85 686 53 37 (Erasmus+ Office)e-mail: international@umb.edu.pl |
| **Receiving Institution** |  |

# Certificate of arrival

| **Type of data**  | **Data** |
| --- | --- |
| Date of arrival *(DD/MM/YYYY)* | \_\_/ \_\_/ \_\_\_\_ |
| Name and the position of the responsible person |  |
| Signature and Institutional stamp |  |

# Certificate of departure

| **Type of data**  | **Data** |
| --- | --- |
| Date of departure *(DD/MM/YYYY)* | \_\_/ \_\_/ \_\_\_\_ |
| Name and the position of the responsible person |  |
| Signature and Institutional stamp |  |

# Certificate of online part[[2]](#footnote-2)

| **Type of data**  | **Data** |
| --- | --- |
| Dates the of online part *(DD/MM/YYYY)* | From \_\_/ \_\_/ \_\_\_\_ to \_\_/ \_\_/ \_\_\_\_  |
| Signature and Institutional stamp |  |

1. Delete as appropriate [↑](#footnote-ref-1)
2. Regarding short-term Mobility for Traineeships [↑](#footnote-ref-2)