**[UNIVERSITY NAME]**

[DATE]

To whom it may concern,

This is to declare the previous Erasmus+ mobility participation(s) of the student whose information is given below.

|  |  |
| --- | --- |
| PARTICIPANT INFORMATION |  |
| NAME AND SURNAME |  |
| GENDER | [ ]  MALE [ ]  FEMALE [ ]  OTHER |
| DATE OF BIRTH |  |
| FACULTY/SCHOOL |  |
| DEPARTMENT |  |
| STUDY CYCLE (EQF) | [ ]  BACHELOR [ ] MASTER [ ] PHD |
| MOBILITY TYPE | [ ]  STUDIES [ ] TRAINEESHIP |
|  |  |
| SENDING INSTITUTION |  |
| UNIVERSITY |  |
| COUNTRY |  |
|  |  |
| ERASMUS+ HISTORY |  |
| PREVIOUS PARTICIPATION | [ ]  YES [ ]  NO |
| NUMBER OF PARTICIPATIONS |  |

CONFIRMING PERSON

 NAME SURNAME:

POSITION:

 DATE:

 SIGNATURE:

 STAMP: