**[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: