Erasmus+ Staff Mobility for Training (STT)

Certificate of Stay

Academic Year 20 __

Name of sending institution: University of Göttingen (D GOTTING01)

Name: _____

Duration of stay (days): from: _____ to: _____

Name of receiving institution: _____

Erasmus Code: _____

Faculty / Department / Unit: _____

Date and Place: _____   _____

Name and status: _____

Signature / Stamp:

_____
(The present document shall be completed and signed by the responsible person at the International Office of the receiving institution.)

The original document has to be returned by the staff member to the International Office of the University of Göttingen.