



Education and Culture DG

Lifelong Learning Programme

## ERASMUS

### STATEMENT OF HOST INSTITUTION

This is to confirm that the student \_\_\_\_\_  
from the **University of Split, Erasmus ID Code HR SPLIT 01**,  
has completed his/her study period at below mentioned institution

\_\_\_\_\_  
\_\_\_\_\_

*(Name of the Host Institution and Erasmus ID Code)*

from \_\_\_\_\_ until \_\_\_\_\_ for the purpose of attending  
courses / research for the final thesis (*please indicate*), at the Department of

\_\_\_\_\_  
\_\_\_\_\_.

This Letter must be signed and notarized either by host professor/mentor,  
Dean, or Erasmus coordinator of the abovementioned Institution.

Name and surname: \_\_\_\_\_

Title and function: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Stamp of the Institution:

*Please return this Statement to your Home Institution within two weeks after your return.*