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# ERASMUS STAY CONFIRMATION

Host University:

Student:

Home University: Vilnius Academy of Arts

## Arrival Form

**It is certified that the above mentioned student has started the exchange period**

**on 20\_\_\_\_-\_\_\_\_-\_\_\_\_**

**and will study for one semester / full year in our department of ……………….**

Signature................................................. Stamp

Name:

Position:

Date:

## Departure Form

**It is certified that the above mentioned student has completed the exchange period**

**on 20\_\_\_\_-\_\_\_\_-\_\_\_\_**

Signature................................................. Stamp

Name:

Position:

Date: