

PERIOD OF STUDY STATEMENT

Certificate for Erasmus+ Exchange students to be filled in and signed by the Host Institution

Name of the student	
Home institution	Pädagogische Hochschule Ludwigsburg
Erasmus-Code	D LUDWIGB01
Host institution	
Erasmus-Code	

The student is registered as an **Erasmus+ Exchange student** at our institution from:

Arrival	Arrival Date (day/month/year): ___ / ___ / _____	Stamp
	Name and Job title of the signatory: _____ _____	
	Date, Signature of the Host Institution	

Departure	Departure Date (day/month/year): ___ / ___ / _____	Stamp
	Name and Job title of the signatory: _____ _____	
	Date, Signature of the Host Institution	

Only if applicable

Virtual Mobility	Start Date: ___ / ___ / _____	End Date: ___ / ___ / _____
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