A képen szöveg, clipart látható

Automatikusan generált leírás

## ERASMUS+ PROGRAM

**CONFIRMATION DOCUMENT**

**of**

**SHORT TERM PhD MOBILITY**

***(To be completed by the host university at the end of the mobility period.)***

BENEFICIARY (student):

Surname:

First name:

Dat of birth:

Nationality:

Sending Institution: University of Miskolc (UM)

Doctoral School at the UM:

Name of supervisor at the UM:

HOST UNIVERSITY:

Name of university:

Country:

Name of the professional contact person:

Title of the professional contact person:

E-mail address of the professional contact person:

MOBILITY DETAILS:

Start and end date of physical mobility without travel days at the Host Institution (year, month, day):

from: to:

Start and end date of virtual mobility, if relevant (year, month, day):

from: to:

Overall objectives of the mobility:

List of realized activities:

List outcomes (results) and expected impact of the mobility:

date signature and stamp

professional contact at the host institution