**CONFIRMATION OF STAY**

We confirm that the student ........................................................................................................

*STUDENT NAME AND SURNAME*

born in .............................................................................................. on .......... / .......... / ..........

*CITY, COUNTRY DAY MONTH YEAR*

coming from **The Academy of Business and Health Sciences in Lodz – PL LODZ21**

studied at ..........................................................................................................................

*UNIVERSITY NAME - ERASMUS UNIVERSITY CODE*

within ERASMUS+ PROGRAMME

during the academic year .................... /....................

from .......... / .......... / .......... to .......... / .......... / ..........

*DAY MONTH YEAR DAY MONTH YEAR*

*Name:* ..................................................................................

*Function:* .............................................................................

.............................................................. .............................................................. *DATE SIGNATURE, STAMP*