



ARISTOTLE UNIVERSITY OF THESSALONIKI
DEPARTMENT OF EUROPEAN EDUCATIONAL PROGRAMMES

DURATION OF STUDIES AT HOST INSTITUTION

To be completed by the relevant office of the Host Institution

STUDENT DATA

LAST NAME		FIRST NAME	
DATE OF BIRTH		FATHER'S NAME	

HOST INSTITUTION DATA

NAME			
FACULTY		ERASMUS CODE	

HOST INSTITUTION ACADEMIC CALENDAR

ORIENTATION PERIOD	(DD/MM/YY)	<input type="text"/>	-	<input type="text"/>	OFFICIAL HOLIDAYS
LECTURE / STUDY PERIOD	(DD/MM/YY)	<input type="text"/>	-	<input type="text"/>	
EXAMINATION PERIOD	(DD/MM/YY)	<input type="text"/>	-	<input type="text"/>	

ENROLLMENT	This is to certify that the student mentioned above has been enrolled in our Institution as an ERASMUS+ International exchange student on					
	(DD/MM/YY)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
	Signature	Date		<input type="text"/>	Stamp	
	Name & Position					

COMPLETION	This is to certify that the student mentioned above has completed his/her studies period at our Institution as an ERASMUS+ International exchange student on					
	(DD/MM/YY)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
	Signature	Date		<input type="text"/>	Stamp	
	Name & Position					

Please fill in all fields
 After the enrollment, please send a copy of this document (duly signed and stamped) by e-mail at eurep-projects@auth.gr
 After the completion of studies period, please give the original document (duly signed and stamped) to the student, or send it by post to the following address:

Aristotle University of Thessaloniki,
Dept of European Educational Programmes,
Administration Building, 1st Floor
54124 Thessaloniki, Greece