UNIVERSITY OF LIMERICK Erasmus Confirmation of A	ttendance Erasmus+
Name of student:	UL ID:
Receiving institution:	_ Erasmus code:
Certificate of Arriv	al
(To be completed at the study period abrown abro	ad by the receiving institution)
Student's physical semester start date:	//
Student's expected semester end date:	_//
Mode of Transport:	
The dates shown should correspond to the semester dates when the student has trav Orientation programme in the host country may be included but early arrivals bef Please retain proof of travel (board) I have registered for AIG Insurance and downloaded the app (Ple	fore the start of the programme should not be included. ing pass)
Name & Function: Signature of responsible person:	Date: Stamp of receiving institution:
Certificate of Depart Completed at the end of the study period abroat Student's physical semester end date:	ad by the receiving institution)
Signature of responsible person:	Stamp of receiving institution:

Student Confirmation: I understand that the second instalment of the Erasmus grant may be recalculated to reflect any change of end dates that the receiving institution indicates on this document, as per EU regulations outlined in the Erasmus grant contract. Student's Initials
