



ACADEMIC YEAR 20__/20__
STUDY PERIOD MONTHS

Name of student:
Home institution:
Target Group:

[illegible]

HOST INSTITUTION

<p>We confirm that in case the student is selected to be granted with a CASEU scholarship the above mentioned subjects could/would be recognised with the academic programme agreed on with the hosting institution.</p>	<p>We confirm that in case the student is selected to be granted with a CASEU scholarship the above mentioned subjects could/would be followed by the student at the hosting institution.</p>
<p><i>Name and position of the signing person at the Home Institution:</i></p>	<p><i>Name and position of the signing person at the Host Institution:</i></p>
<p><i>Place and Date:</i> <i>Official Stamp and signature</i></p>	<p><i>Place and Date:</i> <i>Official Stamp and signature</i></p>