

## CONFIRMATION OF PARTICIPATION 2020/2021 DECLARATION DE PARTICIPATION 2020/21

|                                                              |                                               |
|--------------------------------------------------------------|-----------------------------------------------|
| <b>Student's Name :</b><br><b>Nom Prénom de l'étudiant :</b> |                                               |
| <b>Home Institution, Code :</b>                              | <i>Université Grenoble Alpes, F GRENOBL55</i> |

This document certifies that the above-named student was enrolled and undertook studies at .....  
as an Erasmus+ exchange student. A transcript will be provided (as per normal process) as official recognition of  
the credits and grades, (where relevant) the student has achieved from their study programme.

### ORGANISME D'ACCUEIL / HOST INSTITUTION

Name of institution / Nom de l'organisme : .....

Erasmus Code / Code Erasmus (si applicable / if relevant) : .....(exemple : E MADRID18)

Country / Pays: .....

### ATTESTATION / CERTIFICATE

|                                                                                                                                                          |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| The above student <u>is currently pursuing / has pursued</u> (delete as appropriate)<br>his or her <u>distance learning activity</u> in our institution: |                   |
| This distance work began on :<br>Ce travail à distance a commencé le:                                                                                    | ...../...../..... |
| and will end / ended (delete as appropriate) on :<br>et se terminera / s'est terminé (rayer la mention inutile) le :                                     | ...../...../..... |
| Physical mobility start date / Date d'arrivée dans<br>l'établissement d'accueil :                                                                        | ...../...../..... |
| Date student departed host institution (where<br>relevant/known) :                                                                                       | ...../...../..... |

Place / Lieu : .....

Date / date : ...../...../.....

Name and position of the authorized person at the host institution / Nom et statut de la personne autorisée dans  
l'établissement d'accueil:

.....

Signature / Signature :

Cachet de l'établissement  
Stamp of the institution