**TO THE INTERNATIONAL AFFAIRS AND ERASMUS COORDINATORSHIP**

|  |
| --- |
| I hereby confirm my acceptance to undertake Erasmus+ mobility ***without a grant***. |
| NAME |  |
| SURNAME |  |
| STUDENT NUMBER |  |
| FACULTY / DEPARTMENT |  |
| PHONE NUMBER |  |
| E-MAIL |  |

NAME SURNAME

(SIGNATURE)