



CONFIRMATION HOME INSTITUTION	
We confirm that the proposed programme of study is approved.	
Head of department/institution	Erasmus coordinator
Name: .....	Name: .....
Function: .....	
Signature: .....	Signature: .....
Date: .....	Date: .....

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We confirm that the proposed programme of study is approved.	
Head of department/institution	Erasmus coordinator
Name: .....	Name: <b>Heike Gecks</b> .....
Function: .....	
Signature: .....	Signature: .....
Date: .....	Date: .....