

Confirmation of the host institution

HOST INSTITUTION DETAILS

Name of Host institution _____ Contact Person _____
Address _____ Contact Phone Number _____
Contact e-mail Address _____

Legal status of the host institution: non-profit organization for-profit organization

PERSONAL DETAILS OF VISITING STUDENT

First and Last Name of the Student _____

STUDY VISIT DETAILS

Study Visit Title _____ Type of visit: Educational
 Practical Training

Starting Date of the Visit: _____ Duration of the Visit: _____
Ending Date of the Visit: _____ state the no. of full weeks and the number of days
after the last full week

Study Visit is based upon:

- European mobility programme
_____ specify the programme
- bi- or multilateral agreements (on school, regional, country or other level)
- individual mobility outside programmes or agreements
- other: _____
State "Other"

The student is exempt from paying the costs:

- in full
- partially exempt from paying the costs as follows:
- | | |
|--|--|
| <input type="checkbox"/> transport inside host country | <input type="checkbox"/> meals |
| <input type="checkbox"/> transport from Slovenia to host country and/or back | <input type="checkbox"/> programme costs |
| <input type="checkbox"/> lodging | |
- receives payment in form of:
- scholarship in amount of: _____
- wage or other form of payment for work
- is not exempt from paying the costs and must pay his/her costs in full

Place _____ Date _____

OFFICIAL SEAL

Signature of the Host Institution representative