**ARRIVAL CERTIFICATE**

Academic Year 202\_\_/202\_\_

Erasmus+ programme

NAME OF HOST INSTITUTION: ....................................................................................................

COUNTRY: ..................................................................................................................................

We hereby confirm that student .....................................................................................................  
 *student name, surname*

from **Daugavpils University (LV DAUGAVP01**), Vienibas street 13, Daugavpils LV-5400, Latvia, Tel. +371 65421606

Arrived in our Institution/........./................./....................... (dd/mm/yyyy)

Place:................................................................ Date:................................................................

Name and position of the authorised person at the host institution

……………………………………………………………………………………………………..

Signature: ................................................................ Stamp of the host institution/company

Arrival certificate must be sent to [erasmus@du.lv](mailto:erasmus@du.lv) within 10 days of the start of mobility.