



Khachatur Abovian Armenian State Pedagogical University

Erasmus + Certificate of Stay

Sending

Institution _____

Students Full name _____

Date of Birth _____

We confirm that the above mentioned student was enrolled as a full time student at our institution within the Erasmus + Programme.

From _____ to _____

Host

Institution _____

Name _____

Function _____

Signature _____

Date and Place

Signature and stamp
