



L.L.P.
ERASMUS

Academic Year:

Confidential Supervisor's Report*

1. Name of Student:
2. Home Institution:
ERASMUS institution code:
3. Host Institution:
ERASMUS institution code:
4. School and/or Department:
5. Supervisor's Name and Position:
6. Type of student's participation: full time part-time
7. Level of study: Undergraduate Postgraduate Doctoral
8. Has the student taken any examinations? Yes No
9. Length of study period abroad: from to months:
10. In case of student absence(s), please indicate reason(s) and period(s) of absence(s)
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11. Language(s) of instruction in host institution
12. Linguistic preparation of student in: home country host country
13. Period of industrial placement in months:

P.t.o.

* In case there is no attendance Certificate from the Host HEI.

14. Any other comments
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Signature Date

Stamp of the Host Institution

We thank you for your cooperation.

Please return this form to

a) student's home institution:

Address:

Tel: Fax: e-mail: