## UNIVERSITY OF LATVIA

***ERASMUS+ FINAL REPORT FOR STUDY MOBILITY***

**Academic year 20..../20....**

Surname: Name: …………………………………...........

Faculty at UL ………………………………………………………………………………………

Home address: …………………………………………………………………………………......

Mob. phone: ………………………… E-mail: ……………………………………………….

### STUDIES ABROAD

Study period: **from** .......................... 20..... **till** ..................................... 20....

Host Institution: ……………………………………………………………………………..

Language of Instruction: …………………………………..

# Date of the second Language assessment .............................................

Date of the submission of the EU Survey ...............................................

# **TOTAL ERASMUS+ FUNDING**

# **EU funding** ........................ EUR **Latvian funding** ................. EUR

# **Submitted Report documents:**

- Report form 

- Letter of Confirmation (original) 

- Learning Agreement (copy) 

- Transcript of Records (copy) 

………………. ……………………………………

 (Date) (Signature)