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**STATEMENT OF HOST INSTITUTION**

**Academic year 20\_\_/20\_\_**

**Ph.D. Student data** (please underline)

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| --- | --- |
| Name: |  |
| Surname: |  |
| Date of Birth: |  |
| Home Institution:(University/Faculty) |  |

The undersigned representative of the Host Institution hereby confirms that the above mentioned student has realized mobility period at host Institution:

**Confirmation of Arrival/Departure**

|  |  |
| --- | --- |
| **Date of Arrival:** |  |
| **Date of Departure:** |  |

|  |  |
| --- | --- |
| Name, Surname, Position of the host HEI RepresentativeSignature:Date: | Stamp of Host Institution |

**Host Institution data**

|  |  |
| --- | --- |
| Host Institution: | University of Rijeka, Faculty of Tourism and Hospitality management, Opatija (FTHM) |
| Address, City, Country:  | Primorska 42, p.p. 97, HR – 51410 Opatija |
| Contact person\*Name, Surname, Title, PositionE-mail address | NameDeandekanat@fthm.hr |

* *Contact person may be professor, mentor, institutional, Ceepus, Erasmus coordinator*