

CONFIRMATION OF DEPARTURE  
KA171 PROJECT

Please consider that the form has to be sent to the International Relations Office of your Home University. For any additional comment, you can write to [movilidad@atlanticomedio.es](mailto:movilidad@atlanticomedio.es)

Academic year	_____	Semester	_____
Student's name	_____	Student's surname	_____
Receiving institution	Universidad del Atlántico Medio (E LAS-PAL48)		Country <u>Spain</u>

**HOME INSTITUTION:**

Name and full address

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International Relations Officer – name and surname, email

**LAST DAY OF ACTIVITIES**

at the host institution (dd/mm/yyyy):

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Student's signature	International Relations Officer of the host institution's signature
_____	_____
Date (dd/mm/yyyy) _____	Date (dd/mm/yyyy) _____

**TO BE SIGNED AND STAMPED BELOW BY THE HOME INSTITUTION. TO BE SENT IN RETURN TO THE UNIVERSIDAD DEL ATLÁNTICO MEDIO WITHIN 10 WORKING DAYS COUNTING FROM THE LAST DAY OF ACTIVITIES.**