

PERIOD OF STUDY STATEMENT

Certificate for exchange students to be filled in and signed by the Host Institution

Name of the student	
Home institution	Pädagogische Hochschule Ludwigsburg
Host institution	

The student is registered as an **exchange student** at our institution from:

Arrival	Arrival Date (day/month/year): ___ / ___ / _____	Stamp
	Name and Job title of the signatory: _____	

	Date, Signature of the Host Institution	

Departure	Departure Date (day/month/year): ___ / ___ / _____	Stamp
	Name and Job title of the signatory: _____	

	Date, Signature of the Host Institution	

Only if applicable

Virtual Mobility	Start Date: ___ / ___ / _____	End Date: ___ / ___ / _____
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