

Letter of Confirmation

To be completed by the receiving institution

Academic Year 2019/2020

It is hereby certified that

Mr./Ms. _____

Name of sending institution _____

was enrolled as a student at our institution

from (day, month, year) _____

to (day, month, year) _____

Name of receiving institution _____

Name of signatory _____

Function _____

Date _____

Stamp and Signature _____

Please note that this confirmation should be filled out by the receiving institution at the end of the student's stay!