

Confirmation of Study Period

STUDENT

Family name:	
First name:	
Date and place of birth:	

SENDING INSTITUTION

Country:	
Name of sending institution:	
Faculty:	

RECEIVING INSTITUTION

Country:	
Name of receiving institution:	
Faculty/Institute:	

This is to certify that the student has attended our institution from _____ (dd/mm/yy)
to _____ (dd/mm/yy) of the 20___/20___ academic year.

The official Transcript of Records will follow.

Date: _____

Signed: _____
(Exchange coordinator)

Stemp: _____