

Certificate of Arrival and Departure

Student family name and first name: _____

Home Institution: _____

Receiving Institution: _____ Country _____

Duration: _____ months

Period of study: from _____ to _____

Arrival form

We confirm that the above mentioned student has arrived at our Institution on
_____ (day/month/year) and will study for _____ months in our faculty
of _____

Signature:

Stamp:

Name:

Position:

Date:

Departure form

We confirm that the above mentioned student is leaving our Institution on
_____ (day/month/year) and has studied for _____ months in our faculty
of _____

Signature:

Stamp:

Name:

Position:

Date: