

To be completed by the Host Institution on intested paper

Letter of Confirmation

It is hereby certified that

Mr/Ms _____

has been a student in the framework of the International Exchange Programs at
your Institution between the following dates:

____/____/200_ and ____/____/200_
day month year day month year

in the Department/Faculty of _____

About the original reports of examinations:

- ☐ they will be sent to the University;
- ☐ they have been given to the student.

Date Stamp and signature:

Name of the host Institution: _____

Name of the signatory: _____

Function: _____



To be completed by the Host Institution on intested paper

Letter of Confirmation

It is hereby certified that

Mr/Ms _____

has been a student in the framework of the International Exchange Programs at
your Institution between the following dates:

____/____/200_ and ____/____/200_
day month year day month year

in the Department/Faculty of _____

About the original reports of examinations:

- ☐ they will be sent to the University;
- ☐ they have been given to the student.

Date Stamp and signature:

Name of the host Institution: _____

Name of the signatory: _____

Function: _____



To be completed by the Host Institution on intested paper

Letter of Confirmation

It is hereby certified that

Mr/Ms _____

has been a student in the framework of the International Exchange Programs at
your Institution between the following dates:

____/____/200_ and ____/____/200_
day month year day month year

in the Department/Faculty of _____

About the original reports of examinations:

- ☐ they will be sent to the University;
- ☐ they have been given to the student.

Date Stamp and signature:

Name of the host Institution: _____

Name of the signatory: _____

Function: _____



To be completed by the Host Institution on intested paper

Letter of Confirmation

It is hereby certified that

Mr/Ms _____

has been a student in the framework of the International Exchange Programs at
your Institution between the following dates:

____/____/200_ and ____/____/200_
day month year day month year

in the Department/Faculty of _____

About the original reports of examinations:

- ☐ they will be sent to the University;
- ☐ they have been given to the student.

Date Stamp and signature:

Name of the host Institution: _____

Name of the signatory: _____

Function: _____

