



## CONFIRMATION OF ARRIVAL

Academic year 2016/2017

It is hereby certified that

Mr/Ms .....

from the University of Warsaw (PL WARSZAW01)

started his/her Erasmus+ internship at:

.....  
(the name of the host institution, country, city)

on

day month year

The internship shall end on

day month year

### To be completed by the host institution:

.....  
Name of the legal representative:

.....  
Function:

.....  
Date:

.....  
Signature and Stamp:

Note: Please complete the form and return it to the University of Warsaw by e-mail (scanned copy): [dwiacek@adm.uw.edu.pl](mailto:dwiacek@adm.uw.edu.pl) or by fax: +48 225524011 at the beginning of the internship.