



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 or by fax: +48 225524011 within 7 days from the start of the internship.