

CONFIRMATION OF ARRIVAL	
Academic year 2019/2020	
It is hereby certified that	
Mr/Ms	
from the University of Warsaw (PL WARSZAW	01)
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 y	ear
To be completed by the host institution:	
Name of the legal representative:	Function:
Date:	Signature and Stamp:

Note: We kindly ask you to complete the form and return it to the International Relations Office at University of Warsaw by e-mail (scanned copy): dwiacek@adm.uw.edu.pl at the beginning of the internship.