CONFIRMATION OF ARRIVAL

Academic year 2024/2025

It is hereby certified that

Mr/Ms

from the University of Warsaw (PL WARSZAW01)

started his/her Erasmus+ study period at:

(the name of the receiving university)

on ......... …........ .............

day month year

The study period shall end on ......... ......... ............

day month year

**To be completed by the receiving university:**

Name of the legal representative: Function:

Date: Signature and Stamp: