Erasmus-Programme
Academic Year 2018/2019

Confirmation of Stay
(To be filled in at the end of the Erasmus mobility period)

This is to confirm that Ms / Mr ____________________________________________ studied at our institution

from ___./____./____ (if applicable: incl. language, orientation course)
day month year

until ___./____./____. (if applicable: incl. examination period).
day month year

Faculty/school/department: ______________________________________________

Name: ________________________________________________________________

Function: ______________________________________________________________

Date ___________________________ Signature, Stamp __________________________

*** This form should not be signed more than 5 days before the end of the confirmed study period***

Please return to (Scan, Fax):

University of Bonn
International Office
Erasmus Programme

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Fax +49 228 73 6793