

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

erasmus-assist@uni-bonn.de
Fax +49 228 73 6793