



Certificate of Arrival

Academic Year 20...../20.....

This is to confirm that Mr./Ms.

has arrived at (university)

Erasmus-code

*

To be filled out by the host university

on _____ (day, month, year)

and will
stay until _____ (day, month, year)

Faculty/

Department

Name of

signatory

Function

Stamp and

Signature

Date

Please return by Email or Fax to:

Friedrich Schiller University of Jena
International Office

Fax: +49 3641 9401512

Email: outgoing@uni-jena.de

* Den Erasmuscode finden Sie unter: http://www.uni-jena.de/LA_Studienvereinbarung
