

CONFIRMATION OF ARRIVAL

Academic year 2019/2020

It is hereby certified that

| Mr/Ms | |
|---|--|
| from the University of Warsaw (PL WARSZAW01) | |
| 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 year | |
| 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.