



FH Salzburg

Confirmation of Stay Salzburg University of Applied Sciences

Erasmus Code: A SALZBUR 08

Family Name:

Given Name:

Date of Birth:

Home Institution:

Coordinator at Home Institution:

Confirmation of arrival:

It is hereby certified that the above mentioned student arrived on:

Day-Month-Year: _____

Date, signature and official stamp:

Confirmation of departure:

It is hereby certified that the above mentioned student departed on:

Day-Month-Year: _____

Date, signature and official stamp:

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