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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