



Salzburg University
of Applied Sciences

Confirmation of Stay

Family Name:

Given Name:

Date of Birth:

Home Institution:

Coordinator at Home Institution:

Host Institution:

Coordinator at Host 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 official stamp:

Technology
Health
Media