

CONFIRMATION OF EXCHANGE – Erasmus+

Technische Universität Berlin (TUB), D BERLIN02

International Office/ Büro für Internationales (INT SB 1), Strasse des 17. Juni 135, 10623 Berlin, Deutschland

First Name(s)		Surname	
E-Mail-Address			
Host institution			
Department at host institution			
Field of study at host institution			

TO BE COMPLETED BY THE HOST INSTITUTION

This is to confirm that the above-mentioned student was enrolled
at our institution as an ERASMUS+ exchange student.

Exact period in which the student attended academic courses (incl. orientation and examination)

From

..... / /
day month year

Until

..... / /
day month year

Today's date

Stamp and Signature

This form should be completed by the host university at the end of the study and returned to TU Berlin by the student.

Return address:

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