



CONFIRMATION OF ATTENDANCE

(To be signed by the host university at the end of the project!)

We confirm that the Student

Mr / Ms :

was supervised at :.....
(Host Institution)

.....
(Department)

from: / /
(day) (month) (year)

to: / /
(day) (month) (year)

Institutional / Project Coordinator:
(Name)

.....
Date

.....
Stamp and Signature

To be completed by the host university at the end of the project and returned to:

Technische Universität Berlin
Skr. I D 02, attn Katrin Lindner
Straße des 17. Juni 135
D - 10623 Berlin

Tel.: +49-30-314-28 763
Fax: +49-30-314-24 067
e-mail: katrin.lindner@tu-berlin.de