**CONFIRMATION OF ARRIVAL**

Academic year 2024/2025

It is hereby certified that

Mr/Ms

from the University of Warsaw (PL WARSZAW01)

started his/her Erasmus+ internship at:

(the name of the host institution, country, city)

on ......... …........ .............

 day month year

The internship shall end on ......... ......... ............

 day month year

**To be completed by the host institution:**

............................................. ..........................................................

Name of the legal representative: Function:

........................................................... …...........................................................................

Date: Signature and Stamp:

Note: We kindly ask you to complete the form and return it to the International Relations Office at University of Warsaw by e-mail (scanned copy): erasmusbwz@uw.edu.pl at the beginning of the internship.