



CERTIFICATE OF ARRIVAL AND DEPARTURE
ERASMUS 20....-20....

Student's Full Name:
Full Name of the Host Institution:

(please use CAPITALS and, if possible, black ink in order this document to be easily copied and/or scanned)

TO FILL IN ON ARRIVAL	<p>CERTIFICATE OF ARRIVAL <i>(To be signed by a member of the staff of the Host Institution)</i></p> 
	It is hereby confirmed that the Student <u>has started</u> his/her period of study at our Institution.
	Date of arrival: (in DD/MM/YYYY format)
	Signed by:
	Signatory's position:
	Signature and the Official Seal of the Institution:
	Date:(the same as the arrival date)

For PL WARSZAW02 students, please send the scan by email: international@wz.pw.edu.pl or fax: +48 022 849 97 98.
For 1st semester and one academic year students: please send before October 15th.
For 2nd semester students: please send before March 15th.

TO FILL IN ON DEPARTURE	<p>CERTIFICATE OF DEPARTURE <i>(To be signed by a member of the staff of the Host Institution)</i></p> 
	It is hereby confirmed that the Student <u>has finished</u> his/her period of study at our Institution.
	Date of departure: (in DD/MM/YYYY format)
	Signed by:
	Signatory's position:
	Signature and the Official Seal of the Institution:
	Date: (the same as the departure date)

When completed, please send the paper to the address shown in the footer or hand the document to the leaving student.

