

ARRIVAL FORM

**** To be completed by the host university at the beginning of the study stay abroad ****

This is to certify that Mr./Ms. _____, a regular degree student at our partner university _____ (Germany), began his/her study abroad programme at the _____ Department of our institution.

A. SEMESTER DATES – Please provide your semester dates (DD/MM/YYYY):

	The above named student is enrolled in Fall/Winter Semester classes. The semester dates are as follows:	The above named student is enrolled in Spring/Summer Semester classes. The semester dates are as follows:
Orientation Period:	___/___/20___ till ___/___/20___	___/___/20___ till ___/___/20___
Lecture Period:	___/___/20___ till ___/___/20___	___/___/20___ till ___/___/20___
Examination Period:	___/___/20___ till ___/___/20___	___/___/20___ till ___/___/20___

B. ATTENDANCE – Please check all that apply to the above named student:

- The student arrived on time for the first official day at the host institution as per the period noted above (including orientation period, if provided).
- The student arrived late. His/her first official day on campus was (DD/MM/YYYY) ___/___/20___.
- From (DD/MM/YYYY) ___/___/20___ until ___/___/20___ the student participated/is participating in a preparatory language course prior to the beginning of the semester.

C. CONFIRMATION – Please confirm the accuracy of the information above by completing the section below.

Name of host institution: _____

ERASMUS+ Code of host institution: _____

Name of signatory: _____

Function: _____

Date: _____

Stamp and Signature: _____