



DALARNA
UNIVERSITY

CONFIRMATION OF ARRIVAL
AT THE HOST INSTITUTION FOR
DALARNA UNIVERSITY OUTGOING
EXCHANGE STUDENTS

Information to the student:

Please hand in this form to the Host Institution as soon after arrival as possible.

This section is to be filled out by the student:

Family name (surname)	Given name(s)
Date of birth (year/month/day)	Email:
Duration of stay first semester:	Duration of stay second semester (if applicable):

Information to the Host Institution:

Please return this form asap.

This section is to be filled out by the Host Institution:

I hereby certify that _____,
a student of Dalarna University, *(Name of the student)*

has arrived at _____
(Name of the host institution)

on _____
(dd/mm/yy)

and is registered as an Exchange Student for the 20..... – 20..... academic year.

The first semester covers the period from _____ to _____
(dd/mm/yy) *(dd/mm/yy)*

(If applicable)

The second semester covers the period from _____ to _____
(dd/mm/yy) *(dd/mm/yy)*

Signature of the Host Institution: _____

Name: _____

Position: _____ Date: _____

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email: ioffice@du.se
www.du.se

Institutional
stamp