



DALARNA
UNIVERSITY

CONFIRMATION OF DEPARTURE
FROM THE HOST INSTITUTION FOR
DALARNA UNIVERSITY OUTGOING
EXCHANGE STUDENTS

Information to the student:

Please hand in this form to the Host Institution at the end of your stay at the Host Institution.
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 by fax or email to Dalarna University.
This section is to be filled out by the Host Institution:

fax + 46 23 77 80 80
email: ioffice@du.se
www.du.se

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

has been registered at _____
(Name of the host institution)

between _____ and _____
(dd/mm/yy) (dd/mm/yy)

Date of Departure: _____
(dd/mm/yy)

Signature of the Host Institution: _____

Name: _____

Position: _____ Date: _____

Institutional
stamp