



DALARNA
UNIVERSITY

CONFIRMATION OF CONTINUED STUDIES
FOR THE SECOND SEMESTER
AT HOST INSTITUTION FOR
DALARNA UNIVERSITY OUTGOING
EXCHANGE STUDENTS

Information to the student:

If you continue your exchange for a second semester at the Host Institution, please hand in this form to the Host Institution at the immediate beginning of the second semester.

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:

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)*

is registered at _____
(Name of the host institution)

also for the second semester, between _____ and _____
(dd/mm/yy) (dd/mm/yy)

Signature of the Host Institution: _____

Name: _____

Position: _____ Date: _____

Institutional
stamp