

Confirmation of Study Period

This is to confirm that _____,

(name and birth date of the student)

Erasmus student from Stockholm University, will **end*** his/her exchange studies

at our institution on the ____/____/____.

(DDMMYYYY)

* may include lectures, seminars and exams (however not re-exams)

Name of host institution: _____

Name and function of signatory: _____

Date and signature: _____

Stamp:

The signed document is to be scanned and sent via e-mail to erasmusutbyte@su.se OR sent by post to the address below.

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