

Study Abroad Team
The Department of International Affairs
Section 52: International Student Services
and Mobility
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Confirmation of Host Institution

Important information for host universities:

Please <u>do not fill in the general semester dates but the actual study/research period</u> from the first day of study (including orientation week and preparatory university language course, if applicable) or research to the last day of study (including exam period) or research of the student.

It is hereby confirmed that		
Mr. /Ms	(name of stude	nt)
Home University: Universit	ät Hamburg, Germany	
Will be \square studying, doing	\square research, \square an internship, \square training, \square a langu	age course
at our institution.		
from	(day/ month/ year) to	_ (day/ month/ year).
Full name of receiving Insti	tution:	
City	Country	
Name of Signatory:		
Function of Signatory:		
Date:	Signature:	
Official Stamp or Seal of In	stitution:	