



Certificate of ERASMUS+ placements Confirmation of stay

International Office

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www.uni-saarland.de

www.uni-saarland.de/erasmus-praktikum

Name and surname

of the Erasmus+ student: _____

Please send back to

Home University

_____ Universität des Saarlandes _____

erasmuspraktikum@io.uni-saarland.de

Host institution

First day of internship:

_____/_____/_____

Did the internship start in home office? No

Yes, in (please specify country): _____

First day in the host country: ____/____/_____

Upon arrival, did you spend some time in quarantine? No

Yes, from ____/____/_____ to ____/____/_____

Last day of internship:

_____/_____/_____

Day of departure:

_____/_____/_____

To be filled in by the host institution

**Name and position
of the signatory:** _____

Date and Signature: _____

Official stamp of the host institution: