



Certificate of Arrival

Ankunftsbestätigung

International Office

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www.uni-saarland.de/erasmus-praktikum

Name and surname
of the Erasmus+ student: _____

Home University: _____ Universität des Saarlandes _____

Host Institution: _____

First day of internship: ____/____/____

Does 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 ____/____/____

Expected
last day of internship: ____/____/____

Expected 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:

Please send back to

erasmuspraktikum@io.uni-saarland.de