



Certificate of ERASMUS+ placements Confirmation of stay

Dezernat IB / International Office

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www.uni-saarland.de/erasmus-praktikum

Name and surname
of the Erasmus+ student:

Please send back to

Home University

_____ Universität des Saarlandes _____

erasmuspraktikum@uni-saarland.de

Host institution

First day of internship:

____/____/____

Day of arrival:

____/____/____

Please note that the internship starts with the first working day!

Last day of internship:

____/____/____

Day of departure:

____/____/____

Please note that the internship ends with the last working day!

To be filled in by the host institution

Name and position
of the signatory:

Date and Signature:

Official stamp of the host institution: