



Certificate of Arrival Ankunftsbestätigung

Dezernat IB / 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@uni-saarland.de

Host institution

First day of internship:

____/____/____

Day of arrival:

____/____/____

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

Expected last day of internship:

____/____/____

Expected 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: