



Mittuniversitetet

MID SWEDEN UNIVERSITY

Mid Sweden University
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CONFIRMATION OF STUDIES ABROAD 20... - 20...

Host University:
Student:
Date of birth :
Address at Host University
Street:
Code:
Town:
Phone:
Fax:
E-mail:

Confirmation of arrival and registration

We confirm that the above mentioned student has arrived at our university on:
.....(date) and has been registered at:
Faculty:
Department:
For a stay from: ...../...../..... to ...../...../.....
Responsible coordinator at host university:
Tel/fax:
E-mail:

Signature: Stamp:
Name:
Position:
Date:

Confirmation of departure

We confirm that the above mentioned student is leaving our university on: ...../...../.....

Signature: Stamp:
Name:
Position:
Date:

This document needs to be emailed to Mid Sweden University upon arrival and departure of the student. Thank you for your cooperation.