



Confirmation of Stay

Aufenthaltsbestätigung

Academic Year ____ / ____

To be completed by the receiving institution.

It is hereby certified that

First name(s) _____

Last name _____

Sending institution BUNDESWEHR UNIVERSITY MUNICH (D MUNCHEN10)

has studied/completed a traineeship at our institution from

Date of arrival _____ to

Date of leaving _____.

Receiving institution _____

Name of signatory _____

Function _____

Date _____

OFFICIAL STAMP OF
RECEIVING INSTITUTION

Stamp and signature _____

Thank you for your cooperation!

Please return this document to the sending institution.

Universität der Bundeswehr München
Melina Saur, Outbound Mobility Coordinator
Tel +49 89 6004-2524 | melina.saur@unibw.de