



# 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 completed a teaching assignment of \_\_\_\_\_ hours at our institution from

Date of arrival \_\_\_\_\_ to

Date of leaving \_\_\_\_\_.

**Receiving institution** \_\_\_\_\_

Name of signatory \_\_\_\_\_

Function \_\_\_\_\_

Date \_\_\_\_\_

Stamp and signature \_\_\_\_\_



**Thank you for your cooperation!**

Please return this document to the sending institution.

Universität der Bundeswehr München  
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