



Erasmus+ Certificate of Arrival

Sending Institution: Georg-August-Universität Göttingen

Student's Full Name: _____

Date of Birth: _____

We confirm that the above mentioned student started her/his internship in our institution/company on (dd/mm/yyyy) _____.

Host Institution: _____

Name: _____

Function: _____

Signature: _____

Date: _____

Stamp:

This confirmation has to be returned by the student to the International Office (Göttingen International) at the Göttingen University within the first week of the internship.