

Registration Acknowledgement

To be filled out by an administration officer at the host institution (not by the student) at the beginning of the stay abroad. Please note that we cannot accept any predated acknowledgements (max. 7 days difference between issue date and certified first day).

We acknowledge that

_____ born _____
First and last name of student Date of birth (DD/MM/YYYY)

has begun a study abroad period an internship at:

Host university or host institution

First Day: _____

Date of registration at the host university or first day of the internship (DD/MM/YYYY)
Please note: this date should be the first official day at the host university/institution, excluding private activities or holiday

Expected Last Day: _____

Expected date of exmatriculation at the host university or expected last day of the internship (DD/MM/YYYY)
Please note: this date should be the last official day at the host university/institution, excluding private activities or holiday

On behalf of the host institution:

First and last name Date (DD/MM/YYYY)

Function at the host university/institution Signature and Stamp

Please return to:

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