



UNIVERSITÄT  
BAYREUTH

INTERNATIONAL OFFICE

**To be completed by the student's home university:**

This is to confirm that

our student

\_\_\_\_\_

last name, first name

is currently enrolled as a student at our institution:

Name of Institution: \_\_\_\_\_

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

Function of signatory: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Above mentioned student will return to our institution after the exchange and finish his/her studies there.

\_\_\_\_\_

Place, date

signature & stamp of the institution

**To be completed by the student:**

I hereby confirm the above.

\_\_\_\_\_

Place, date

signature of the student