**Exchange: Academic Year 2024/25**

|  |  |
| --- | --- |
| Host Institution: |  |
| Name of the Participant: |  |
| Home Institution: | University of Debrecen |

**1. CONFIRMATION of Arrival**

We confirm that the above-mentioned participant has arrived at our Institution

|  |  |
| --- | --- |
|  | day / month / year |
| on: | / /  |
| Responsible Co-ordinator at Host University: | Name:Position:Email address: |
| Signature and Institutional Stamp |  |

**2. CONFIRMATION of Departure**

We confirm that the above mentioned participant is leaving our Institution

|  |  |
| --- | --- |
|  | day / month / year |
| on: | / / |
| Training programme completed: | yes/ no |
| Number of teaching hours\* (min. 8): |  |
| Responsible Co-ordinator at Host University: | Name:Position:Email address: |
| Signature and Institutional Stamp |  |