



EXCHANGE: ACADEMIC YEAR 2024/25

Host Institution:	
Name of the student:	
Home Institution:	University of Debrecen

1. CONFIRMATION of Arrival

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

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

2. CONFIRMATION of Departure

We confirm that the above mentioned student is leaving our Institution

	day / month / year
on:	
The academic transcript of records	<input type="checkbox"/> is enclosed <input type="checkbox"/> will be sent directly to the International Office of the home university
Responsible Co-ordinator at Host Institution:	Name: Position: Email address:
Date:	
Signature and Institutional Stamp	