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Confirmation of Attendance

To be signed by the host university at the end of the project!

We confirm that

the student

_____ Name of the Student

was supervised at

_____ Name of Host Institution

_____ Department at Host Institution

from

____ / ____ / ____
day month year

to

____ / ____ / ____
day month year

Supervisor: _____ Name of Supervisor

Date: _____

Department: _____

Signature: _____ Signature of Supervisor

Stamp