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|  | **Witelon Collegium State University** |
| **CONFIRMATION OF STUDY PERIOD**  **ACADEMIC YEAR 20…./20….** |

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| **Name and surname:** |  |
| **Home university:** |  |
| **was enrolled as an international student at our institution** | |
| **From** (day/month/year) |  |
| **To** (day/month/year) |  |
| **to be completed by the host institution:** | |
| **Host institution:** |  |
| **Signature of responsible person in receiving institution** |  |
| **Stamp of institution** |  |

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