



Medical University of Vienna

Research Service

International Office

Spitalgasse 23, 1090 Vienna

AUSTRIA

CONFIRMATION OF STAY

It is hereby certified that

Mr./Ms.,

was enrolled at our institution

from ____ . ____ . 20____ to ____ . ____ . 20____
(day month year) (day month year)

- in the framework of an existing COOPERATION PROGRAMME
- as a FREE MOVER student

at (Name of Institution)

To be completed by the host institution:

Name of the signatory:

.....

Function:

.....

Date, Stamp and Signature: