



INTERNATIONAL MOBILITY PROGRAMES
CONFIRMATION of ARRIVAL and DEPARTURE
ACADEMIC YEAR 2014/2015
ANEXO VI



PROGRAMME:
SENDING INSTITUTION: Universidad Miguel Hernández

STUDENT DETAILS

Surname: _____ First Name: _____
Nationality: _____ Date of birth: _____
Address: _____

Phone: _____
E-mail: _____

HOST UNIVERSITY

Name: _____
Address: _____

Coordinator Name: _____
Phone: _____ Fax: _____ E-mail: _____
Length of stay: _____ month(s)

ON BEHALF OF HOST UNIVERSITY: ARRIVAL

I confirm that the student arrived at the host university on ____/____/____ date
Name: _____ University Stamp: _____
Signature: _____

ON BEHALF OF HOST UNIVERSITY: DEPARTURE

I confirm that the student stayed at the host university until ____/____/____ date
Name: _____ University Stamp: _____
Signature: _____

At the beginning of the period, Host Institution should fill in the "Arrival" section and send the document to the International Relations Office by fax (+34 966658705) or by mail (scanned document), once the Incoming student has arrived.
At the end of the period, Host Institution should fill in the "Departure" section and send the document to the International Relations Office by fax (+34 966658705) or by mail (scanned document).