|  |  |
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| **Surname:** | **First Name:**  |



**Certificate of Arrival & Departure**

I confirm that the above University of Strathclyde completed a period of teaching/training at the Institution named below under the ERASMUS Programme, and that the period started and finished on the following dates:-

|  |  |  |
| --- | --- | --- |
| **Arrival Information** | **Date of Arrival:** | **Stamp of Host Institution** |
| **Name of Host Institution:**  |
| **Signature:**  |

|  |  |  |
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| **Departure Information** | **Date of Departure:** | **Stamp of Host Institution** |
| **Name of Host Institution:**  |
| **Signature** |

Please return this form to the Erasmus Coordinator once you have arrived with arrival information and after your exchange has ended with your departure information.

Send to: Erasmus Coordinator, Recruitment & International Office, University of Strathclyde, Graham Hills Building*,* 50 George Street, Glasgow, G1 1QE*.* Phone: +44 141 548 2992 Email: eramus-outgoing@strath.ac.uk