

## Certificate of Attendance

Pannónia Scholarship Programme Student Mobility for Studies/Traineeship<sup>1</sup>

Name of the exchange student	
Field of study	Medicine/Dentistry/Pharmacy/Health Sciences
Home University	Semmelweis University
Host Organization	

### Confirmation of Arrival

We confirm that the above mentioned student has arrived at our Organization and has started his/her studies/practice<sup>1</sup>

on (dd/mm/yyyy)		
Responsible person/mentor/supervisor at the Host Organization	Name:	
	Position:	
	Email address:	
Date		Stamp:
Signature		

### Confirmation of Departure

We confirm that the above mentioned student has arrived at our Organization and has finished his/her studies/practice<sup>1</sup>

on (dd/mm/yyyy)		
the Certification about studies/trainees (Learning Agreement after the mobility/Transcript of records)	<input type="checkbox"/> is given to the student	
	<input type="checkbox"/> will be sent directly to the International Office of the Home University	
Responsible person/mentor/supervisor at the Host Organization	Name:	
	Position:	
	Email address:	
Date		Stamp:
Signature		

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<sup>1</sup> Please underline the correct one.