**Certificate of Attendance**

Pannónia Scholarship Programme Student Mobility for **Studies/Traineeship/Research**

|  |  |
| --- | --- |
| Name of the exchange student | name |
| Field of study | Medicine/Dentistry/Pharmacy/Health Sciences |
| Home University | Semmelweis University |
| Host Organization | host organization |

**Confirmation of Arrival**

We confirm that the above mentioned student has arrived at our Organization

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

**Confirmation of Departure**

|  |  |
| --- | --- |
| on (dd/mm/yyyy) | date: |
| the Certification about studies/trainees (Learning Agreement after the mobility/Transcript of records) | [ ]  is given to the student |
| [ ]  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 | date | Stamp: |
| Signature |  |

We confirm that the above mentioned student has arrived at our Organization