

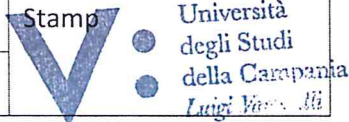
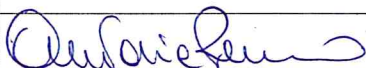
Confirmation form

Erasmus+/Campus Mundi Programme, Student Mobility for Studies - 2017/2018

Name of the exchange student	OVARI TIMEA
Field of study	MEDICINE
Home University	UNIVERSITY OF SZEGED
Erasmus code of the Home University	HUSZEGED01
Host University	UNIVERSITA' DEGLI STUDI DELLA CAMPANIA "L. VANGIPELLI"
Erasmus code of the Host University	INA POLI 09
Faculty/Department	MEDICINE

Confirmation of arrival

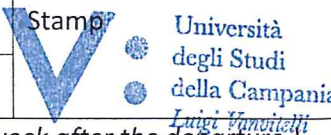
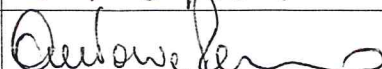
We confirm that the above mentioned student has arrived at our University and has started his/her studies

on (dd/mm/yyyy)	11/10/2017	
Responsible person at the Host University	Name:	ANTONIA PENNINO
	Position:	DEPUTY OFFICE
	Email address:	ERASMUS@UNICAMPANIA.IT
Date	11/10/2017	
Signature		

(The student has to upload this document to www.scholarship.hu within one week after the arrival.)

Confirmation of departure

We confirm that the above mentioned student has completed his/her studies and is leaving our University

on (dd/mm/yyyy)	16/02/2018	
the academic Transcript of Records	☐ is enclosed	
	☐ will be sent directly to the International Office of the Home University	
Responsible person at the Host University	Name:	ANTONIA PENNINO
	Position:	DEPUTY OFFICE
	Email address:	ERASMUS@UNICAMPANIA.IT
Date	21/02/2018	
Signature		

(The student has to upload this document to www.scholarship.hu within one week after the departure.)