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OTTO VON GUERICKE
 UNIVERSITÄT
 MAGDEBURG



MEDIZINISCHE
 FAKULTÄT

AKADEMISCHES AUSLANDSAMT/
 INTERNATIONAL OFFICE

ERASMUS Exchange: Academic Year 2015/16

Home University:	Otto von Guericke University Magdeburg
Name of the student:	
Host University:	

1. CONFIRMATION of Arrival and Registration

We confirm that the above-mentioned student has arrived at our institution

	day / month / year
on:	/ /
and is registered from (planned study period):	/ / to / /
Attendance Orientation Program:	from / / to / /
Attendance Language Course:	from / / to / /
Responsible Coordinator at Host University:	
Date:	
Signature and Institutional Stamp	

Please email this form to aaa@med.ovgu.de or fax to: +49-391-67-290070. **Original must be kept by our student.** Thank you!

2. CONFIRMATION of Departure

(Please do not issue this confirmation until 5 days before the student's departure.)

We confirm that the above mentioned student is leaving our institution

	day / month / year
on:	/ /
The academic transcript of records	<input type="checkbox"/> is enclosed <input type="checkbox"/> will be sent to the International Office of Magdeburg University after issuance without delay.
Responsible Coordinator at Host University:	
Date:	
Signature and Institutional Stamp	

Please email this form to aaa@med.ovgu.de or fax to: +49-391-67-290070. **Original must be kept by our student.** Thank you!