



UNIVERSITÄT ZU LÜBECK

ERASMUS +

Certificate of Arrival

This is to confirm that Mr./Ms.

has arrived at (host institution)

To be filled out by the host institution

on _____ (dd/mm/yyyy)

and will stay until _____ (dd/mm/yyyy)

Name of signatory _____

Function _____

Stamp & Signature _____ Date _____

Please return by email to:

University of Lübeck
International Office
Karolin Saenger

karolin.saenger@uni-luebeck.de