

CONFIRMATION OF ARRIVAL
ERASMUS+ Student Mobility for Studies

Receiving Organization

Name and full address of the Receiving Institution/University:

Responsible Person/Contact Person at the Receiving Institution (position, name and surname, phone and fax numbers, e-mail address):

Student

Name and full address of the Sending University:

DSW University of Lower Silesia in Wrocław
ul. Strzegomska 55, 53-611 Wrocław, Poland
e-mail: erasmus@dsw.edu.pl

Student's name and surname

Student's address during the mobility period

Student's phone and e-mail address during the mobility period

**I hereby confirm that the above-mentioned student has arrived at our institution and
has started his/her Erasmus+ mobility period on:**

...../...../2025

Signature

Stamp