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| **Direction des Mobilités et de la Formation Internationales** |
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| Service mobilité internationale |
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| Mme Romy Duchesne  Tél. : + 33 5 61 55 62 40  rose-marie.duchesne@univ-tlse3.fr |



**ATTENDANCE CERTIFICATE**

**ARRIVAL**

**Name of the student :** ………………………………………………………………………………………………….

**Home University : Université de Toulouse**

**Host university / company / laboratory :** …………………………………………………………………………..

**We hereby confirm that the above mentioned student has arrived and started his classes/ internship in our institution on:**

Place: Date:

Name and position of the authorised person at the host institution/company:

………………………………………………………………………………………………………………………………

Signature: Stamp of the institution/company:

**DEPARTURE**

**We hereby confirm that the above mentioned student has completed his classes/ internship in our institution on:**

Place: Date:

Name and position of the authorised person at the host institution/company:

………………………………………………………………………………………………………………………………

Signature: Stamp of the institution/company: