

## Short-term Mobility for Studies – 2024/2025

Name of participant	
Field of study	
Home University	<b>BUDAPESTI CORVINUS EGYETEM</b>
Higher Education Code of Home University	<b>HU BUDAPE03</b>
Host University/Organization	
Higher Education Code of Host University/Org.	
Faculty/Department	

### Confirmation of arrival

We confirm that the abovementioned student has arrived at our University and has started their activity

<b>on (dd/mm/yyyy)</b>		
Responsible person at the Host University/Org.	Name:	
	Position:	
	Email address:	
Date		Stamp
Signature		

*(participants must send this document to home institution within 7 days after the arrival)*

### Confirmation of departure

We confirm that the abovementioned student has completed their activity and is leaving our University/Org.

<b>on (dd/mm/yyyy)*</b>		
the academic Transcript of Records	<input type="checkbox"/> is enclosed	
	<input type="checkbox"/> will be sent directly to the student or International Office of the Home University	
Responsible person at the Host University	Name:	
	Position:	
	Email address:	
Date		Stamp
Signature		

*\*last day of academic activity, not departure from host country*