



Confirmation of Stay

Aufenthaltsbestätigung

Academic Year ____ / ____

To be completed by the receiving institution.

It is hereby certified that

First name(s) _____

Last name _____

Sending institution BUNDESWEHR UNIVERSITY MUNICH (D MUNCHEN10)

has completed the following staff training programme at our institution

Name of the programme _____

Date of arrival _____

Date of leaving _____

Receiving institution _____

Name of signatory _____

Function _____

Date _____

Stamp and signature _____



Thank you for your cooperation!

Please return this document to the sending institution.

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