PROMOS Academic Year 2019/2020
PERIOD OF STAY

To be filled out by any responsible person at the International Office of the Host Institution

This section should be completed and signed no later than two days before or after the actual arrival date.

We herewith confirm that the student _______________________________
enrolled in __________________________ (study field)
coming from THM University of Applied Sciences
is being hosted as an exchange student.

To be completed at student’s arrival:
Date of student’s arrival: __________________ (dd.mm.yyyy)
Expected end date: __________________ (dd.mm.yyyy)
Name of Institution: ________________________________
Name of the officer: ________________________________
Date of signature: ___________________ (dd.mm.yyyy) Signature: __________________
Official stamp:

Please send this document upfront via E-Mail to auslandssemester@thm.de.

This section should not be completed and signed more than two days before the actual end of study period.

It is hereby certified that the above named student was enrolled as a student at our institution
from ________________ (dd.mm.yyyy)
to ________________ (dd.mm.yyyy)
Name of Institution: ________________________________
Name of the officer: ________________________________
Date of signature: __________ (dd.mm.yyyy) Signature: __________________________
Official stamp:

The original of this document shall be returned by the student to:
Technische Hochschule Mittelhessen
International Office
Wiesenstraße 14
35390 Gießen/Germany