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Academic Year _____

First name:

Family name:

Erasmus outgoing student from

Certificate of arrival

To be completed by the ERASMUS Coordinator or the International Office
We hereby confirm the student's arrival at the University (name of the host Institution)

Start date of study period:

Name and position:

Signature:

Stamp of Institution:

Certificate of departure

To be completed by the ERASMUS Coordinator or the International Office
We hereby confirm the student's departure from the University (name of the host Institution)

End date of study period:

Name and position: _____

Signature:

Stamp of Institution: