

CERTIFICATE OF ARRIVAL AND DEPARTURE This certificate should be completed by an authorized officer of the Host Institution.	 Cracow University of Technology
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Student's name	
Host Institution	
Academic Year	
Semester of exchange	<input type="checkbox"/> Spring <input type="checkbox"/> Fall

ARRIVAL	Date of arrival at the Host Institution ____/____/____ (dd/mm/yyyy)	_____ Full name _____ Signature _____ Official seal of the Host Institution
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DEPARTURE	Date of departure from the Host Institution ____/____/____ (dd/mm/yyyy)	_____ Full name _____ Signature _____ Official seal of the Host Institution
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