

## Student confirmation

| Information on the student   |   |
|------------------------------|---|
| • First Name :               |   |
| • Last Name :                |   |
|                              | ven in the online application form are correct. I give my consent to be shared with other hosting related bodies and organisations. |
| Date, Place                  | Signature   |
| Mobility co                  | oordinator confirmation   |
| Information on the coordi    | nator   |
| • Institution:               |   |
| • First and last name:       |   |
| • Function:                  |   |
| • Department:                |   |
| • Phone:                     |   |
| • Fax:                       |   |
| • Email:                     |   |
| I hereby confirm that the ab | oove mentioned student has been selected for mobility<br>at Université Paris-Sud  |
| Date, Place                  | Signature, Stamp  |