

Medizinische Universität Innsbruck/*Innsbruck Medical University*
Abteilung für Lehre und Studienangelegenheiten/
Department for teaching and study matters
Speckbacherstr. 31-33
A - 6020 Innsbruck



MEDIZINISCHE UNIVERSITÄT
INNSBRUCK

The document has to be sent to:
Abteilung für Internationale Beziehungen
International relations office
Schöpfstraße 45
A – 6020 Innsbruck

LLP / Erasmus Certificate

(Only to be used by candidates selected under an agreed ERASMUS exchange and to be completed by the Erasmus coordinator of the sending institution)

SENDING INSTITUTION

.....

COORDINATOR AT THE SENDING INSTITUTION

Name:

Address:

Tel./Fax/E-Mail:

.....

I confirm that Ms/Mr

.....

(name of student)

has been nominated as an Erasmus student to study the following subject:

..... Subject Area Code:

at Innsbruck Medical University during the academic year of 20..../20.... for the period of

..... (month) (year) to (month) (year)

Her/his command of German (spoken and written) is sufficient to study successfully at the Innsbruck Medical University.

Date:

Signature of home university coordinator:

Institutional seal: