

ERASMUS+ Certificate

Medizinische Universität Innsbruck
Abteilung für Internationale Beziehungen
Fritz-Pregl Str. 3, 4. Stock
A-6020 Innsbruck



MEDIZINISCHE
UNIVERSITÄT
INNSBRUCK

(For use only by candidates selected under an agreed ERASMUS exchange: to be completed by the ERASMUS coordinator of the sending institution)

COORDINATOR OF THE SENDING INSTITUTION	
Name:	
Address:	Tel./Fax/e-mail:
.....
.....
.....

SENDING INSTITUTION
Name of the sending Institution:
I confirm that Ms/Mr (name of student) has been nominated as an ERASMUS student/trainee to study the following subject:..Subject Area Code:
at Innsbruck Medical University during the 20...../20..... .academic year, from (month) (year) to (month) (year)
Her/his command of German (spoken and written) is sufficient to study successfully at the Medical University of Innsbruck.
Date:
Signature of home university coordinator:
Institutional seal: