Academic year

**CERTIFICATE of ARRIVAL / ENROLMENT FORM**

To be completed by the host institution

This is to certify that the following student of Katholische Hochschule Mainz – Catholic University of Applied Sciences Mainz (D Mainz05)

[ ] Mrs.[ ] Mr.

First Name(s)

Surname

arrived on       at

 (date, dd/mm/yy) (Host University)

and has been enrolled for his or her studies

for the period from       to

 (start, exact date, dd/mm/yy) (preliminary end, dd/mm/yy)

|  |  |
| --- | --- |
| Host institution(if applicable incl. Erasmus+ code): |        |
| Name of signatory: |        |
| Function: |        |
| Date: |        |
| Stamp and Signature: |        |