

Student confirmation

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