



NATIONAL RESEARCH
UNIVERSITY
SAINT PETERSBURG

CONFIRMATION OF ATTENDANCE

The present document shall be completed by any person in charge at the International Office of the Host Institution.

Academic year ____/____	<input type="checkbox"/> FALL/WINTER TERM
Student's name:	<input type="checkbox"/> FULL ACADEMIC YEAR
	<input type="checkbox"/> SPRING/SUMMER TERM
	<input type="checkbox"/> SUMMER SCHOOL
	<input type="checkbox"/> DOUBLE DEGREE PROGRAMME
<i>(please choose the correct option)</i>	

is registered as an exchange student at _____
(name of host institution/summer school)

PART A:

The student has to send it to Center for International Cooperation by e-mail outgoingspb@hse.ru after the arrival.

DATE OF ARRIVAL (dd/mm/yyyy) _____

Name of the person in charge: _____

Position: _____

Date: _____ **Signature:** _____

Stamp

PART B:

The student has to send it to Center for International Cooperation by e-mail outgoingspb@hse.ru within 5 working days after returning to HSE.

DATE OF DEPARTURE (dd/mm/yyyy) _____

Name of the person in charge: _____

Position: _____

Date: _____ **Signature:** _____

Stamp