



Mobility Team

**Erasmus + confirmation of end of internship**

This form has to be signed by the contact person at the hosting company/institution. Please sign, scan and send to [mobility@slu.se](mailto:mobility@slu.se)

Please certify that the following student has completed hers/his internship at the below mentioned company/institution

**Name of student:** …………………………………………………………………

(Family name, name)

**Date of birth:** ……………………………………………………….……………

**Internship:**………………………………………………………………………………………

(Company or Institution and department)

**Number of months;** ………….

**Between**;……………………………………………………………………..……

Please verify the actual dates when the student has been doing internship. This can be made approximately one week before departure.

Signature, title:

Date:

1(1)

SLU, Box 7070, SE-750 07 Uppsala, Sweden tel: +46 (0)18-67 10 00

Org.nr 202100-2817 [mobility@slu.se](mailto:mobility@slu.se)

[www.slu.se](http://www.slu.se/)