

Academic year 20 /20

Sending Institution	Receiving Institution
University Lille 2 Health and Law International Office 42 rue Paul Duez F-59000 Lille	

After arrival at the host institution, the student is requested to have this document filled in by an international Officer of the Host Institution or his/her representative and send it by fax (+33.3.20.96.43.86) to the International Office of Lille 2. Grants depend on this certificate.

I hereby confirm,

That Ms / Mr

Coming from the University Lille 2 - Health and Law, arrived in my institution to perform :

☐ an Internship

Mobility planned

☐ an Academic

From / / 20 ... to / / 20 ...

Name and function of the authorised person at the Host Institution:

Date :

Signature:

Stamp of the Host Institution:

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