Otto von Guericke University Magdeburg Faculty of Medicine/International Office

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## AKADEMISCHES AUSLANDSAMT/ INTERNATIONAL OFFICE

Attendance Certificate
WORLDWIDE Exchange: Academic Year 2023 / 24

Home University:	Otto von Guericke University Magdeburg									
Name of the student:										
Host University:										
1. CONFIRMATION of Arrival and Registration										
We confirm that the a			as ar th / ye		at our i	nstituti	on			
on:		/	/	•						
and is registered from (planned study period):		/	/	to	/	/				
Attendance Orientation Program:		from		/	/	to	/	/		
Attendance Language Course:		from		/	/	to	/	/		
Responsible Coordinator at Host University:										
Date:										
Signature and Institutional Stamp										
Please email this form to <u>aaa@med.ovgu.de</u> or fax to: +49-391-67-290070.  Original must be kept by our student. Thank you!										
2. CONFIRMATION of Departure (Please do not issue this confirmation until 5 days before the student's departure.)										
We confirm that the above mentioned st			student is leaving our institution  day / month / year							
on:		/ /								
The academic transcript of records		is enclosed will be sent to the International Office of Magdeburg University after issuance without delay.								
Responsible Coordinator at Host University:										
Date:										
Signature and Institutional Stamp										

Please email this form to aaa@med.ovgu.de or fax to: +49-391-67-290070.

Original must be kept by our student. Thank you!