

## Letter of Confirmation

**Sending Institution** International Psychoanalytic University Berlin

**Student's Full Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

We confirm that the abovementioned student visited our institution in the framework of:

<input type="checkbox"/> an internship	<input type="checkbox"/> a language course
<input type="checkbox"/> a study program	<input type="checkbox"/> a research stay

**from (day/month/year)** \_\_\_\_\_

**to (day/month/year)** \_\_\_\_\_

**Host Institution** \_\_\_\_\_

**Name of Signatory** \_\_\_\_\_

**Function** \_\_\_\_\_

**Date** \_\_\_\_\_

**Stamp and Signature** \_\_\_\_\_

**This confirmation of stay has to be returned by the student to his/her responsible coordinator in the International Office at International Psychoanalytic University Berlin.**