

Confirmation of the exact period of stay by the receiving institution including stamp and signature of the head of the enterprise or the supervisor

Confirmation Student mobility for traineeships

It is hereby confirmed that

Name: _____,

born on: _____,

Student at: _____,

(Austrian university / institution and department)

has completed a **continous period of traineeship**

from _____ to _____ *

 Day Month Year Day Month Year

at: _____,

(Receiving institution / Enterprise)

Date

Stamp of the receiving Institution and signature of
the supervisor or head of the enterprise

*The actual duration of the stay at the host institution or the period during which the student was **physically** present at traineeship programmes must be stated. **The confirmation has to be issued in the last week of the stay at the earliest!**

By signing this form, we confirm that the information provided is correct.

The Gesellschaft für Forschungsförderung Niederösterreich m.b.H. will demand full or partial repayment of the grant if it was awarded on the basis of incorrect information. Incorrect information provided by the institution will also be reported to other funding bodies of the Province of Lower Austria, which may result in a corresponding review of these grants.