CONFIRMATION OF ARRIVAL

1. GENERAL INFORMATION AND INSTRUCTIONS

This form is intended for students who are participating in an internship/ research project/ study program outside Quebec. For the purpose of receiving your mobility funding, you must return this form within 3 weeks of the start date of your activity abroad.

1. Complete the "Student Information" section of this form
2. Have your host institution’s International office/supervisor complete and stamp the bottom section
3. Return this form to Concordia International by e-mail studyaway@concordia.ca

Concordia ID#: ____________________________________________________________

First name: ________________________________________________________________

Last name: ________________________________________________________________

Email: ________________________________________________________________

Year: ________________________________________________________________

Concordia semester: ☐ Summer ☐ Fall ☐ Winter ☐ Academic Year

Host Institution: __________________________________________________________

Host Country: ___________________________________________________________

☐ I understand that I must maintain a full time enrolment at Concordia University while abroad.

☐ I understand that I may be required to re-pay all or part of my mobility funding if I do not complete my internship/research/ study program outside Québec.

Date: ____________________________ Signature: ____________________________

2. STUDENT INFORMATION

First, Last name: __________________________________________________________

Title: ________________________________________________________________

Email: ________________________________________________________________

I confirm that the student has arrived and started his/her internship/research/ Study program:

☐ Yes ☐ No

Start date: DD/MM/YY To End date: DD/MM/YY

Signature and/or institutional stamp

Date: ____________________________

3. HOST INSTITUTION (to be completed by your project supervisor or the International office)

First, Last name: __________________________________________________________

Title: ________________________________________________________________

Email: ________________________________________________________________

I confirm that the student has arrived and started his/her internship/research/ Study program:

☐ Yes ☐ No

Start date: DD/MM/YY To End date: DD/MM/YY

Signature and/or institutional stamp

Date: ____________________________