

## **CONCORDIA INTERNATIONAL**

## **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
- B. Return this form to Concordia International by e-mail international@concordia.ca

## 2 STUDENT INFORMATION

| Concordia ID# :                                                                                                                                                                                                                                               |        |                                 |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------|-----------------|
| First name:                                                                                                                                                                                                                                                   |        |                                 | <del> </del>    |
| 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:                                                                                                                                                                                                                                               |        |                                 |                 |
| 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                                                                                                                                                                                                                       | I/YY   |                                 |                 |
|                                                                                                                                                                                                                                                               | Sig    | nature and/or institutional sta | атр             |
| Date:                                                                                                                                                                                                                                                         |        |                                 |                 |
|                                                                                                                                                                                                                                                               |        |                                 |                 |
|                                                                                                                                                                                                                                                               |        |                                 |                 |