Research Services and International Relations

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Please send back: for winter-semester until 1 July !!

for summer-semester until 1 January!!

ERASMUS CERTIFICATE

academic year 20.. / 20..

Ms/Mr:	Family name:
	First name:
Postal ad	ldress:
e-mail ad	ldress:
has been n	nominated by the University
(ERASMU	S Code:)
	SMUS student for the following field of study:
	versity of Vienna (A Wien 01) during the academic year 20 /20
from	to
	rm that her/his knowledge of German (spoken and written) is t to study successfully at the University of Vienna.
To be co home ins	ompleted by ERASMUS Co-ordinator or International Office at stitution:
Name and	position:
Signature:	
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NB: NOT VALID without <u>signature</u> of the ERASMUS contact person or the responsible of the International Office and the <u>stamp</u> of the home institution!