CONFIRMATION OF ATTENDANCE



The present document shall be completed by any person in charge at International Office of a Host Institution.

	☐ FALL/WINTER TERM	
Academic year/	☐ FULL ACADEMIC YEAR	
	☐ SPRING/SUMMER TERM	
Student's name		
is registered as an exchange studer	nt at	
(name of host institution)		
PART A:		
The student has to send it to the outgoing.fbm@hse.ru within 10 wor		
DATE OF ARRIVAL (dd/mm/yyyy)		
Name of the person in charge:		
Position:		
Date: Signat	ure:	Stamp
PART B:		
The student has to send it to the outgoing.fbm@hse.ru within 5 work		
DATE OF DEPARTURE (dd/mm/y	ууу)	
Name of the person in charge:		
Position:		
	ure:	Stamp