CONFIRMATION OF ATTENDANCE

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

Academic year 2026/2027	☐ FALL/WINTER TERM ☐ SPRING/SUMMER TERM
Student's name	

is registered as an exchange student at _____

(name of host institution)

PART A:

Please send it send it to e-mail studyabroad@hse.ru within 10 working days from the arrival date.

DATE OF ARRIVAL (dd/mm/yyyy) _____

Name of the person in charge: _____

Position: _____

Date: _____

Signature: _____

Stamp

PART B:

Please send it to e-mail studyabroad@hse.ru within 10 working days after returning to HSE University.

DATE OF DEPARTURE (dd/mm/yyyy) _____

Name of the person in charge: _____

Position: _____

Date: _____

Signature: _____

Stamp