



To the  
Medical University of Vienna

International Office  
for Student & Staff Affairs

Medical University of Vienna

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Dr. Human Salemi  
Institutional Mobility Coordinator

**LETTER OF CONFIRMATION - COOPERATION PROGRAMME / FREE MOVER**

It is hereby certified that Mr./Ms

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was enrolled at our institution in the framework of an existing COOPERATION  
PROGRAMME / participated as a FREE MOVER student\* (delete as appropriate)

from \_\_\_\_\_.20\_\_\_ to \_\_\_\_\_.20\_\_\_

at (Name of Institution)

*To be completed by the host institution:*

Name of the signatory:

Function:

Date: Stamp and Signature: