## Statement of Host Institution

Name University or company

Name contact person

Address

# Herewith declares that

Name student Eindhoven University of Technology

Has been a guest at their organisation for Study Exchange/ Research / Traineeship

From

To

Date

Place

Signature contact person

Stamp (if available)

**Reminder:** Return the Statement of Host Institution and experience report within 6 weeks after finishing the study period abroad to ESA/international office ([goingabroad@tue.nl](mailto:goingabroad@tue.nl))