Dear Partner,

Please confirm that our student has arrived to your University as part of the Student Exchange program with Tel-Aviv University. This form should be signed within two weeks of the beginning of the semester .

Student’s First Name:

Student’s Last Name:

Partner’s University:

Date:

Name of partner signing this form:

E-mail of partner signing this form:

Signature:

Thank you very much for your collaboration!!

All the best,

Tel-Aviv University Student Exchange Office