



CONFIRMATION OF DEPARTURE FORM

This form must be completed by your host University at arrival and departure

HOST UNIVERSITY:

NAME OF STUDENT:

CONFIRMATION OF DEPARTURE

We confirm that the above-named student has departed from our institution on:

.....

NAME:

POSITION:

SIGNATURE:

DATE:

OFFICIAL INSTITUTIONAL STAMP:

Please return this form to Southampton Solent University

By e-mail to: international.exchanges@solent.ac.uk

By fax to: 0044 2380233475

By post to: Academic Partnerships Office
Marketing and Communications Service
Southampton Solent University
East Park Terrace
Southampton SO14 ORX- UK