



Certificate of Departure from the Host Institution

Academic Year 2022/2023

Student last name: _____

Student first name: _____

Home Institution: Nipissing University

Host Institution: _____

End of exchange period: _____

(Last day of attendance at the host institution)

Host Institution Coordinator

Date: _____

Name (please print):

Official seal or stamp of host institution

Position:

Signature:

This form must be completed by the host institution prior to the student's departure.

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