**(HOME UNIVERSITY LETTERHEAD)**

6 October 2020

Prof. Marie-Agnès DETOURBE

Vice-President for International Affairs

INSTITUT NATIONAL DES SCIENCES APPLIQUEES

135 avenue de Rangueil

31077 TOULOUSE cedex 4

France

**SUBJECT: CERTIFICATE AUTHORISING THE STUDENT'S MOBILITY**

Dear Vice-President,

This is to confirm that the student whose details are given below is a Full Time student

**in the Faculty ……………………………………………………………………………………………………………………………………….**

**at the (name of the sending institution) : …………………………………………………………………………………………………………………………………………………..**

He/she has an academic status of Registered and **we have authorised him/her to apply for an exchange mobility at INSA-Toulouse (France).**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **NAME and Firstname** | **Gender** | **Major of Study** | **Fall semester starting in September**  **YES/NO** | **Spring semester**  **Starting mid-January**  **YES/NO** | **Academic year**  **YES/NO** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

Yours faithfully,

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**(Head of International Office or Head of Department)**

**Please specify the name & designation with the stamp of your institution**