

**ERASMUS TRAINING MOBILITY**

**HOST INSTITUTION**

Name of the host institution\*:

Adress:

City and country:

Erasmus Code\*:

(\*)Official name of the institution in the national language of their country and ERASMUS ID code of the institution.

**IT IS HEREBY CERTIFIED THAT:**

Mr. / Ms.:

From (name of the home institution):

Attended the training activities specified under the LLP/ERASMUS programme at our institution/enterprise between:

and

at the Department/Faculty

Number of hours per week (total)

Number of training days (total)

Name of Signatore:

Funtion :

Signature

Institutional Stamp

Date:

**NO SE PROCEDERÁ AL PAGO DE LA AYUDA FINANCIERA SI NO SE ENTREGA ESTE IMPRESO.**