

HOST INSTITUTION

Name of the host institution*:	
Adress:	Post Code:
City and country:	Erasmus Code*:

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

STUDENT PERSONAL DATA

Surname:	Name:
Address of student during the stay abroad:	
Name of the home institution*:	
City and country:	Erasmus Code*:
e-mail :	
Student degree course:	

IT IS HEREBY CERTIFIED THAT*:

The student has started his/her period of studies within the framework of Erasmus+ programme at our institution.	
DATE OF ARRIVAL	
Name of Signatore: Funtion : Signature	Institutional Stamp

A Certificate of Arrival is required from each Erasmus mobility.

Please, return this form by fax or email:

Fax: +00 34 980 514360

E_mail: erasmus@easdzamora.es

IMPORTANT NOTE: No amended/deleted certificates will be accepted.