

# CERTIFICADO DE FIN DE PRESENCIA

*END OF PRESENCE*

NAME OF THE HOST INSTITUTION: \_\_\_\_\_

**IT IS HEREBY CERTIFIED THAT:** \_\_\_\_\_

Mr./Ms. \_\_\_\_\_

From the \_\_\_\_\_  
(name of the home Institution)

has been a **BILATERAL EXCHANGE PROGRAM** student at our Institution:  
between \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
day month year day month year

in the Department(s)/ Faculty of: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stamp and Signature

Name of the signatory: \_\_\_\_\_

Function: \_\_\_\_\_

To be sent to:

Vicerreitoría de Política Internacional  
Oficina de Relacións Exteriores  
Casas Reaís, nº 8  
15782 Santiago de Compostela  
Tel. 0034 981 584989 – Fax. 0034 981 578017