

**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: