



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: