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| **VICERRECTORADO DE RELACIONES INTERNACIONALES** |
| **Oficina de Relaciones Internacionales / Programa Erasmus+ / Movilidad de Personal con fines de formación (PAS O PDI)** |
| **Documento: Certificado de Formación** |

Name of the host Institution: ................................................................................

Erasmus University code:

# IT IS HEREBY CERTIFIED THAT:

Mr./Ms.

# from the UNIVERSIDAD COMPLUTENSE DE MADRID – EMADRID03 performed the training assignment specified according to the foreseen agreement under the ERASMUS+ programme at our institution between:

 / / **and**  / /

day month year day month year

In the Department(s) / Faculty of: .........................................................................

Date Stamp and signature

(This date cannot be previous to the finishing of the activity)

Name of the signatory:......................................................................................

Function:.........................................................................................................

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| **This Document will not be valid if crossed out or amended** |