TRANSBORDER MOBILITY PROGRAMME CEI IBERUS

CERTIFICATE OF ARRIVAL

ACADEMIC YEAR 2012-2013

PROFESSORS & ADMINISTRATIVE STAFF

Name of the host Institution: _____

IT IS HEREBY CERTIFIED THAT:

Mr./Ms. _____ from the UNIVERSIDAD DE _____

(name of the home Institution)

has started a transborder mobility staff at our Institution on (date of arrival):

_____, _____, _____

day month year

in the Department(s)/ Faculty of: _____

_____ _____

Date Stamp and Signature

Name of the signatory: _____

Function: _____

To be sent after the arrival in the host institution to
(documents per fax or e-mail will be accepted):

(*Datos de cada Universidad*)