TRANSBORDER MOBILITY PROGRAMME CEI IBERUS

CERTIFICATE OF MOBILITY

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 spent a transborder mobility staff 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 at the end of your stay to:

(*Datos de cada Universidad participante*)

Only original certificates will be accepted at the University. No photocopies or amended/deleted certificates will be accepted.