



Name of the host Institution/organization: _____

IT IS HEREBY CERTIFIED THAT:

Mr./Ms. _____

From the _____ University of Zaragoza (Spain) _____

has undertaken an ERASMUS staff training mobility at our Institution/organization:

between _____, _____, _____ and _____, _____, _____
day month year day month year

Number of training hours _____

In the Department(s)/Faculty/Unit of: _____

Date* (Please read the note below)

Stamp and Signature

Name of the signatory: _____

Function: _____

To be sent at the end of your stay to:

Universidad de Zaragoza – Sección Relaciones Internacionales
C/ Pedro Cerbuna, 12 – Edificio Interfacultades 2ª planta – E 50009 Zaragoza
(SPAIN)

** Only **original certificates** will be accepted. **Photocopies or amended/deleted certificates** will not be accepted. The **issuing date** of this certificate should not be previous to the end of the staff mobility period in any case.*

** Solamente se admitirán certificados originales sin enmiendas ni tachaduras. La fecha de emisión del certificado debe ser igual o posterior a la fecha de finalización de la estancia.*