



Name of the host Institution: _____

IT IS HEREBY CERTIFIED THAT:

Mr./Ms. _____

From the _____ **University of Zaragoza (Spain)** _____

has taken part in an ERASMUS staff training mobility at our Institution:

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 at the "Sección de Relaciones Internacionales" at the University of Zaragoza. **No photocopies or amended/deleted certificates** will be accepted. The **issuing date** of this certificate should not be previous to the end of the staff period in any case.*

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