



CERTIFICATE OF STAY IN A FOREIGN INSTITUTION

SCHOLARSHIP HOLDER

Name: _____

National identity card number.: _____

Departament: _____

Home institution: _____

HOST INSTITUTION

Name host institution: _____

Departament: _____

Address: _____

City: _____ Country: _____

RESPONSIBLE PROFESSOR IN HOST INSTITUTION:

Name: _____

I certify that the above mentioned student has performed his/her research stay in our institution from (dd/mm/aaa) _____ to _____.

Signature and stamp

Date: _____, _____, _____