



UNIVERSITAT DE BARCELONA



**LLP/ERASMUS PROGRAM STAFF MOBILITY CERTIFICATE
2009/2010 ACADEMIC YEAR**

Name of the host institution: UNIVERSITAT DE BARCELONA

HEREBY CERTIFY THAT:

Mr./Ms.
of the
(name of the home institution and school/faculty)

has completed a stay on the ERASMUS STAFF MOBILITY program in the Department (s)/Faculty of/workshop:

between _____, _____, _____ and _____, _____, _____
(dd,mm,yyyy) (dd, mm, yyyy).

Number of days: _____.

Date

Stamp and signature

Name of the signatory: Ms. ESTHER MARTRA MANONELLES

Position: Director of the Office of Mobility and International Programs

Validity requirements for this certificate:

1. The certificate must be original.
2. The certificate must be signed.
3. The certificate must carry the host institution's stamp.
4. The certificate must clearly show the following three dates: the date on which the stay began, the date on which the stay finished, and the date on which this certificate was issued.
5. The certificate must be signed on a date subsequent to the date on which the stay finished.
6. The certificate must not be written on or altered after printing.

(Model per PAS estranger, que sol·licita un certificat d'estada a la UB)

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