

MOBILITY STAGE CERTIFICATE

Academic Year ____ / ____

Student's Personal Data			
First names			
Family names			
ID number		Country	

Erasmus Mobility Programme	
Name of the Sending Institution	Egas Moniz School of Health & Science
Erasmus Code	P MONTE-D02
Name of the Receiving Institution	
Erasmus Code	
Type of Mobility	Studies <input type="checkbox"/> / Traineeship <input type="checkbox"/>
Field of Studies	

Confirmation of Arrival	
We confirm that the above mentioned student has arrived at our Institution on	
(dd/mm/yyyy)	
Name and Position	
Signature	
Stamp of the Institution	

Confirmation of Departure	
We confirm that the above mentioned student left our Institution on	
(dd/mm/yyyy)	
Name and Position	
Signature	
Stamp of the Institution	