**Erasmus+ Certificate of Arrival**

This to confirm that the student

Ms./Mr. (name of student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(NIF or NIE)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

from the University of Cadiz, Spain (E CADIZ01).

is registered as an ERASMUS+ student at our institution: (Name of the Institution)

for the following provisional period of study:

**beginning:** (day) \_\_\_\_\_\_\_\_\_\_\_\_\_ / (month) \_\_\_\_\_\_\_\_\_\_\_\_ / (year)\_\_\_\_\_\_\_\_\_\_\_\_

**provisional end:** (day) \_\_\_\_\_\_\_\_\_\_\_ / (month) \_\_\_\_\_\_\_\_\_\_ / (year) \_\_\_\_\_\_\_\_\_\_

The language of instruction is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, official language of the country of the host institution (Yes/No) \_\_\_\_\_\_\_\_\_\_ and the student follows a preparatory language course in the host institution (Yes/No) \_\_\_\_\_\_\_\_\_\_ If “yes”, which language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Stamp and Signature**

Name of the signatory:

Function:

**To be sent back by the student to the UCA’s Office for Internationalization via CAU** : <http://cau-rrii.uca.es/>

Oficina de Internacionalización

Universidad de Cádiz

Edificio Hospital Real

Plaza Falla 8, E-11003

Cádiz, Spain