**CERTIFICATE OF ATTENDANCE ERASMUS+**

**(OMSout2B)**

Name of the host Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IT IS HEREBY CERTIFIED THAT:**

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

from the University of Cadiz, Spain (ECADIZ01)

has been a ERASMUS+ student at our institution: (Name of the institution):

between \_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ and \_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_(\*)

 day month year day month year

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

in the Department(s)/ Faculty of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** (\*) **Stamp and Signature**

(\*) The date of signature should not be before the date of departure.

Name of the signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A signed original of this document must be submitted to the Office for Internationalization of the UCA by the student after his arrival in Spain

Oficina de Internacionalización, Universidad de Cádiz

Edificio Hospital Real, Plaza Falla 8, 11003 Cádiz. España