**Erasmus+ KA 171 Certificate of Arrival (2024/25)**

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 Host Institution and Erasmus Code)

**Mobility in the host country**:

Please, select one of the following options 1 or 2 depending on the type of mobility:

1.- FACE TO FACE:

**Provisional Start of stay:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ **Provisional** **End of stay:** \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

 (dd) (mm) (yyyy) (dd) (mm) (yyyy)

2.- MIXED (face to face + virtual in the host country):

**Provisional Start of stay (whole period):** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ (dd) (mm) (yyyy)

**Provisional End of stay (whole period):** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_ (dd) (mm) (yyyy)

 Please specify from the above mention period, the virtual dates:

From \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

**Date Stamp and Signature**

Name of the signatory:

Function:

*\* As soon as this form arrive in our office, the student will receive her/his Erasmus+ grant*