



DEPARTURE CERTIFICATE

Academic year 20___/20___

Receiving Institution

Name of receiving institution: _____

Country: _____

Erasmus Code (Only for Studies Mobility): _____

Kind of Mobility

Students' Mobility for Studies

Students' Mobility for Placements

Certificate

Hereby we confirm that _____,
from Universitat Abat Oliba CEU (E BARCELO31) has been in our
institution/Company within the frame of the _____
from the _____ until the _____

Place: _____

Date: _____

Name and Title of the responsible from the receiving institution:

Signature:

Stamp: