**CERTIFICATE OF STAY**

**ERASMUS+ KA131 - TRAINEESHIP MOBILITY**

**a.y.20../20..**

**TRAINEE:**

**HOST INSTITUTION:**

**SECTION 1 – CONFIRMATION OF ARRIVAL**

I hereby confirm that the above trainee has started his/her study period at our institution on:

**DATE (dd/mm/yyyy):** .............................................

OFFICIAL STAMP OF HOST INSTITUTION

**NAME:**.....................................................................

**TITLE**......................................................................

**SIGNATURE**...........................................................

**Date**......................................................................

**SECTION 2 – CONFIRMATION OF DEPARTURE**

I hereby confirm that the above trainee has completed his/her study period at our institution on:

**DATE (dd/mm/yyyy):**:.......................................

OFFICIAL STAMP OF HOST INSTITUTION

**NAME:**.....................................................................

**TITLE**......................................................................

**SIGNATURE**...........................................................

**Date**......................................................................

*Please return this document to:* *erasmus@fondazionemilano.eu*