



Name of the host Institution _____
Universitat Politècnica de Catalunya

IT IS HEREBY CERTIFIED THAT:

Mr./Ms. _____

from the _____
(name of the home school)

from the _____
(name of the home Institution)

has been an SOCRATES/ERASMUS student at our Institution:

between _____ To _____
Day Month Year Day Month Year

Escola Universitària d'Òptica i Optometria
de Terrassa (EUOOT)

in the Department(s)/ Faculty of _____

Date _____
Day Month Year



Signature _____

Stamp

Name of the signatory Núria Tomás
International coordinator at EUOOT

Function _____

Validity requirements for this certificate:

- 1- The certificate must be original.
- 2- The certificate must be signed by the international relations responsible of the institution.
- 3- The certificate must be sealed with the institution stamp.
- 4- The certificate must show clearly three dates: Date of beginning of the stay, date of end of the stay and date of signature of this certificate.
- 5- The certificate must be signed after the ending date of stay (never before). Consequently the date of the signature must be equal or greater than the date of conclusion.
- 6- The certificate must not have any stud or correction.

To be sent to:

(address of the home Institution)

Academic year 2009-2010