



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

**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

in the Department(s)/ Faculty of Terrassa School of Optics and Optometry

Date \_\_\_\_\_  
Day Month Year



Signature \_\_\_\_\_

Stamp

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

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 2011-2012**