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 **CONFIRMATION OF ARRIVAL**

*Section to be completed AT THE BEGINNING OF THE INTERNSHIP*

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| **THIS IS TO CERTIFY THAT:** |  |
| To be filled by the student *(a emplenar per l’estudiant)*:SURNAME *(Cognoms)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME *(Nom)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NIA: \_\_\_\_\_\_\_\_\_\_\_\_\_ STUDIES  *(Estudis a la UPF)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| from the UNIVERSITAT POMPEU FABRA, has arrived as an ERASMUS+ training student at our company/institution:Start date: \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_ Expected end date: \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_ *day month year* *day month year* |
| To be filled by the Receiving Organisation/Enterprise: |
| Name of the organisation or company: | The present certificate must be filled in and signed by the host institution **ABSOLUTELY NOT BEFORE** the arrival of the student’s period of internship.The present certificate won’t be valid if the date of the signature precedes the above indicated date of arrival.Date: |
| Name of the signatory: |
| Function: |
| Stamp and Signature of Training Supervisor: |

**Please send this certificate upon arrival to host institution to** **oma.outgoing@upf.edu**

**SUBJECT: NAME\_SURNAME\_Erasmus+ pràctiques\_Arrival Certificate**

Universitat Pompeu Fabra - International Relations Service