**Confirmation of Erasmus+ mobility for Traineeship**

**Student**

**Name:**

**Sending Institution**

**Name:** Instituto Politécnico de Portalegre

**Erasmus + Code:** P PORTALE01

**Country:** Portugal

##### Receiving Institution

**Name:**

**Erasmus + Code (if applicable):**

**Country:**

This is to certify that the beneficiary undertook a mobility for traineeship under the Erasmus+ Programme at our Institution from the (dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_ to the (dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_

Date:

Stamp and Signature:

Name of signatory:

Function: