**Confirmation of Erasmus+ mobility for Studies**

**Student**

**Name:**

**Sending Institution**

**Name:** Instituto Politécnico de Portalegre

**Erasmus + Code:**P PORTALE01

**Country:** Portugal

#####  Receiving Institution

**Name:**

**Erasmus + Code:**

**Country:**

**Start of the Erasmus mobility for studies**

This is to certify that the student has enrolled at the Receiving Institution for an Erasmus+ mobility for studies. Academic year 20\_\_\_/20\_\_\_. Start date of the mobility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of signatory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**End of the Erasmus mobility for studies**

This is to certify that the student completed his/her Erasmus+ mobility for studies at the Receiving Institution. End date of the mobility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of signatory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please send the Start of the Erasmus part to:* *gri@ipportalegre.pt* *and a copy to the student within 10 days of the start. The final document, with End of the Erasmus part should be handed to the student.*