



CERTIFICATE OF ATTENDANCE

VERY IMPORTANT:

to be completed and signed by the host institution at the end of the stay of the student

Name of the host Institution: _____

BIP name _____

IT IS HEREBY CERTIFIED THAT:

Mr./ Mrs.: _____

I.D.: _____

From the University of the Basque Country (E BILBAO01) has been registered as an exchange student at our institution:

BIP DATES

FROM Day Month Year TO Day Month Year

PHYSICAL MOBILITY DATES

FROM Day Month Year TO Day Month Year

In the Department(s)/ Faculty of: _____

Date _____
This date mustn't be previous
to the date of departure

Stamp and Signature _____

Name of the signatory: _____

Function: _____

This certificate must be sent by the student, at the end of his/her stay, to:

Oficina de Relaciones Internacionales: movilidad.internacional@ehu.eus