

**ERASMUS PLUS PROGRAMME**

**INTERNATIONAL MOBILITY (KA171)**

**CERTIFICATE OF ARRIVAL**

*(To be completed by the Host Institution at the start of the study/traineeship period)*

I hereby confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(student’s name)*, born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_ (*AL/other state*),student from the Catholic University Our Lady of Good Counsel, Tirana, Albania, has arrived at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name of the Host University*/*Institution*) and will spend an ICM mobility period between the following dates:

\_\_\_\_ / ­­­­\_\_\_\_ / ­­\_\_\_\_\_\_\_ *(first date present at the receiving institution)* and \_\_\_\_ / ­­­­\_\_\_\_ / ­­ \_\_\_\_\_\_ *(expected last date present at the receiving institution)*.

**On behalf of the Host University/Institution**

Name, function (position): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp:

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send a scanned copy of the certificate at erasmus@unizkm.al.