



**ERASMUS STUDIES HIGHER EDUCATION
CERTIFICAT D'ESTADA - CERTIFICATE OF ATTENDANCE
BLENDED INTENSIVE PROGRAM (BIP)
ACADEMIC YEAR 20__ / 20__**

Name of the host Institution: _____

Host Institution erasmus code: _____

IT IS HEREBY CERTIFIED THAT:

Mr./Mrs. _____

From the university UNIVERSITAT DE VALÈNCIA (ESTUDI GENERAL) has been an ERASMUS STUDIES student at our institution (maximum length 360 days)

From _____, _____, _____ to _____, _____, _____
day month year day month year

in the Department / Faculty of: _____

Date*

Stamp (optional) and Signature

*The date of signature cannot be earlier than the ending date. If so, the date of signature will be taken as the ending date. Total amount of grant will be recalculated according to actual duration of the stay.

Name of the signatory: _____

Title/post/function: _____

Please take into account:

- Corrections, emendations or blurs are not acceptable.
- Student must submit this Certificate of Attendance as an electronic pdf file through the application ENTREU (entreu.uv.es)