**ERASMUS STUDIES HIGHER EDUCATION**

**CERTIFICATE OF ATTENDANCE**

**BLENDED INTENSIVE PROGRAM (BIP)**

**ACADEMIC YEAR 20\_\_\_ / 20\_\_\_**

Name of the host Institution: UNIVERSITAT DE VALÈNCIA

host Institution erasmus code: E VALENCI01

**IT IS HEREBY CERTIFIED THAT:**

Mr./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From the university […………………………………………..] has completed the programe […………………name of the programme…………]

Held in Valencia from \_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_

day month year day month year

organized by the Department / Faculty of: ------------------------------------------------------------------

 / /

Date\* Stamp 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_