

FOR UPM STUDENTS ACADEMIC YEAR 20 - 20



Name of the ho	st Institution:	·				
IT IS HEREBY	CERTIFIED T	HAT:				
Mr./Ms.						
from the UNIVE	ERSIDAD POL	ITÉCNICA DE M	MADRID:			
		(l	JPM Center)			
has been an El	RASMUS stude	ent placement at	our Institution	, between:		
	/		and			
day	month	year	and -	day	month	year
Tutor's Name:						
Position:						
	:				:	
	:				:	
	Tutor's signa	ture and Stamp	Da	ate		
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INSTRUCTIONS:

- This certificate will be filled in completely by Host Institution's placement Coordinator.
- The issue of this certificate cannot be before the study termination date.
- Certificates with amendments or crossing-outs will not be accepted.
- Please send the original copy within **20 days** from the completion of the training program to:

SERVICIO DE ATENCIÓN AL ALUMNO Y EXTENSION UNIVERSITARIA **MOVILIDAD DE ESTUDIANTES**

Universidad Politécnica de Madrid Rectorado – Edificio B Pº Juan XXIII nº 11 – 1ª planta 28040 – Madrid (Spain)