

PROGRAMA DE BOLSAS IBERO-AMERICANAS DE LICENCIATURA E MESTRADO SANTANDER UNIVERSIDADES
DECLARATION OF STAY

It's hereby certified that _____
(Name and surname of the participant)

PART 1 – TO BE COMPLETED AND SIGNED ON THE BEGINNING OF THE MOBILITY		
Arrived at _____ (Host Institution name)		
On _____ / _____ / _____ (DD/MM/YYYY)		
Name of Signatory _____		
Function of Signatory _____		
Date	Signature	Stamp

Send to outgoing.iro@iscte-iul.pt within 10 days after the beginning of the mobility.

PART 2 – TO BE COMPLETED AND SIGNED ON THE END OF THE MOBILITY		
Attended _____ (Host Institution name)		
Until _____ / _____ / _____ (DD/MM/YYYY)		
Name of Signatory _____		
Function of Signatory _____		
Date	Signature	Stamp

Send to outgoing.iro@iscte-iul.pt within 15 days after the end of the mobility.