



## **Erasmus+ Certificate of Stay**

Sending Institution: SSML San Domenico

Student Full Name: \_\_\_\_\_

We confirm that the above mentioned student has carried out a traineeship at our organisation within the Erasmus+ programme

From (first day of traineeship) \_\_\_\_\_

To (last day of traineeship) \_\_\_\_\_

Receiving Organisation: \_\_\_\_\_

Name: \_\_\_\_\_

Function: \_\_\_\_\_

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

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

This confirmation must not be signed before the last day of traineeship and has to be returned by the student to the International Office at SSML San Domenico.