**CERTIFICATE OF ARRIVAL**

**To be completed by the host enterprise/organisation at the beginning of the Erasmus placement period**

**Students must return this completed form within two weeks after their arrival at their host enterprise/organisation to:** erasmus@liceolapaz.com

Name of student:

Name of College at UAL:

This is to certify that the above student has started their placement at

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(*name and country of host enterprise/organisation*)

**Mobility Type** (complete below as appropriate)

|  |  |  |
| --- | --- | --- |
| In-person  *(mobility that will take place physically at the host organisation or in the host country)* |  | ..….../…....../.…..... to …....../…....../…......  (day/month/year) (day/month/year) |
| Virtual  *(mobility that will take place virtually outside of the host country)* |  | ..….../…....../.…..... to …....../…....../…......  (day/month/year) (day/month/year) |
| Blended  *(mobility that will take place both outside of the host country and within the host country)* |  | Virtual: ..….../…....../.…..... to …....../…....../…......  (day/month/year) (day/month/year)  In-person: ..….../…....../.…..... to …....../…....../…......  (day/month/year) (day/month/year) |

Name of Coordinator at host enterprise/organisation:

Stamp

Signature:

Date: