**LEAVING CERTIFICATE**

**for all Grantees**

To be completed by the Host University and signed by the HUMERIA coordinator at Host University and the Grantee just before the Grantee’s departure from the Host University.

|  |  |
| --- | --- |
| **Personal details of the Grantee** |  |
|  |  |
| Last name (as on passport): | First name (as on passport): |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |

The above mentioned Grantee was the HUMERIA project Grantee at our Institution,

(institution)

between the following dates:

Date of Arrival:      /     /      **and** Date of Departure:      /     /

|  |
| --- |
| Department of study/research/work at the Host University: |

Name of the local HUMERIA Coordinator at the Host University:

**The Grantee guarantees with his/her signature the correctness of the information stated above**

Signature of the local HUMERIA Coordinator Signature of the Grantee

Date:      /     /      Date:      /     /