



Biroul SOCRATES

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Certificate of activities performed at the host University

Name:

Home Faculty:

Host University:

Arrival date:

Stage duration (in days):

Number of teaching hours:

_____ / per week, _____ in total

RECEIVING INSTITUTION

We hereby certify that the person named above undertook a teaching staff mobility at our University, according to the specified details.

Date: _____

Name : _____

Signature: _____