

## CERTIFICADO DE ESTADIA/STUDENT PARTICIPATION CERTIFICATE

ANO ACADÉMICO/ACADEMIC YEAR: 20\_\_\_/20\_\_\_

ÁREA DE ESTUDO / FIELD OF STUDY: \_\_\_\_\_

Este formulário deverá ser preenchido a PRETO para facilitar a sua reprodução e/ou o envio por e-mail ou fax /  
This application should be completed in BLACK in order to be easily copied e-mailed and/or faxed.

*A ser preenchido pela instituição de acolhimento antes da partida do Aluno.*

*O Aluno deverá devolver este documento ao Departamento de Desenvolvimento e Relações Internacionais (DDRI), da ESAI, via fax n.º 00351 218367019 ou email, devidamente assinado e carimbado pela instituição de acolhimento, até **uma semana depois de chegar a Portugal.***

*To be completed by host institution at student's **before his/her departure.** The student is responsible to return this document to Development Department and International Relations (DDRI) at ESAI, at this fax number 00351 218367019 or email duly signed and stamped by host institution, **maximum 1 week after arrival at Portugal.***

### BASIC INFORMATION

Student's full name: \_\_\_\_\_

Receiving Institution: \_\_\_\_\_

Erasmus Code: \_\_\_\_\_

### TO WHOM IT MAY CONCERN

We hereby confirm that the student Mr. /Ms.

I.D. Card Number \_\_\_\_\_ Issued on \_\_\_ / \_\_\_ / \_\_\_ from **ESAI – Escola Superior de Actividades Imobiliárias**, studied at the \_\_\_\_\_ (receiving institution name) in the framework of the LLP / Erasmus Program from \_\_\_ / \_\_\_ / \_\_\_ (day/month/year) to \_\_\_ / \_\_\_ / \_\_\_ (day/month/year).

#### RESPONSIBLE PERSON IN THE RECEIVING INSTITUTION:

Nome:/Name:  
Função:/Status:  
Data:/Date:

\_\_\_\_\_  
Signature

#### STAMP