**ERASMUS MOBILITY FOR GRADUATES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. THIS ERASMUS MOBILITY DOCUMENT IS AWARDED TO** | | | | | | | | | | | | | | | | | |
|  | Surname(s) | | | | |  | First Name | | | |  | Id Number | |  | Nationality | |  |
|  |  | | | | |  |  | | | |  |  | |  |  | |  |
|  | Address (house number, street name, postcode, city, country) | | | | | | | | | |  |  | | | | |  |
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|  |  |
|  | Date of birth | | |  | Email | | | |  | Degree | | | | | | |  |
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|  | dd | mm | yyyy |  |  | | |  |  |  | | | | | | |  |
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| **2. THIS ERASMUS MOBILITY DOCUMENT IS ISSUED BY** | | |
|  | Name of the issuing organisation |  |
|  | UNIVERSIDAD DE VALLADOLID |  |
|  | ERASMUS PIC Mobility number |  |
|  | 999862809 |  |
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| **3. THE PARTNER ORGANISATIONS OF THE ERASMUS MOBILITY ARE** | | | | |
|  | **SENDING PARTNER** (organisation initiating the mobility experience in the country of origin) | | |  |
|  | Name and address |  | Stamp and/or signature |  |
|  | Universidad de Valladolid  Plaza de Santa Cruz, 8  47002 Valladolid |  |  |  |
|  | Surnames and first name of reference person |  | Title/position |  |
|  | Paloma Castro Prieto |  | Vice Rector |  |
|  | Telephone |  | E-mail |  |
|  | +34 983 423920 |  | Practicas.erasmus@uva.es |  |
|  | | | | |
|  | **HOST PARTNER** (organisation receiving Erasmus grant holder Mobility in the host country) | | |  |
|  | Name and address |  | Stamp and/or signature |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Telephone |  | E-mail |  |
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| Name of the Student: |

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| **4. DESCRIPTION OF SKILLS AND COMPETENCES ACQUIRED DURING THE ERASMUS MOBILITY EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | |
|  | Objective of the Erasmus Mobility experience | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | |  |
|  | Duration of the Erasmus Mobility experience | | | | | | | | | | | | | | | | | | | | |  |
|  | From | |  | |  |  | |  | | | | To | | |  | |  | |  | |  |  |
|  |  | | dd | | mm | yyyy | |  | | | | |  | | dd | | mm | | yyyy | |  |  |
|  | Activities/tasks carried out | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | |  |
|  | Job-related skills and competences acquired (e.g Job-related, language, computer, organizational, social skills, etc) | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | |  |
|  | Other information | | | | | | | | | | | | | | | | | | | | |  |
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|  | Performance of the trainee(Compulsory for the host partner) | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | |  |
|  | Signature of the sending institution | | | | | |  | | Signature of the holder | | | | |  | | Signature of the host partner | | | | | |  |
|  | [Stamp] | | | | | |  | | [Name and Surname] | | | | |  | | [Stamp] | | | | | |  |
|  | Date | | | | | |  | | Date | | | | |  | | Date | | | | | |  |
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