

ERASMUS MOBILITY

CERTIFICATE

We hereby confirm that

from the home institution: "GRIGORE T. POPA" UNIVERSITY OF MEDICINE AND PHARMACY OF IASI, ROMANIA (RO IASI04)

function/ role/ status in home institution:

faculty/ department:

has performed Erasmus teaching activities in the host institution:

.....

from: to

with a total number of 8 teaching hours in the subject(s) of:

.....
.....
.....

Study level(s) of students: undergraduate / postgraduate / doctoral

Language(s) of teaching: English

The teaching programme has been delivered as previously agreed.

Name of signatory:

Function:

Date and signature,

Stamp