



**UNIVERSITY OF CRAIOVA,  
FACULTY OF ECONOMICS AND BUSINESS ADMINISTRATION  
ERASMUS PROGRAMME  
20\_\_ – 20\_\_**

*This is to certify that the student:*

Ms /  Mr

*Name and First Name* \_\_\_\_\_

*Date of birth (dd/mm/yyyy)* \_\_\_\_\_

*from (name of home institution)* \_\_\_\_\_

*has been a full-time student*

*for the (field of study)* \_\_\_\_\_

*at (name of host institution)* \_\_\_\_\_

*from (date of arrival)* \_\_\_\_\_

*to (date of departure)* \_\_\_\_\_

*the student has visited the Intensive Language course in our host institution*

*from (date of arrival)* \_\_\_\_\_

*to (date of departure)* \_\_\_\_\_

*to be completed by ERASMUS coordinator at the host institution*

*Date* \_\_\_\_\_

*Name* \_\_\_\_\_

*Signature/Stamp* \_\_\_\_\_

***NB: This certificate is NOT VALID without signature of the ERASMUS coordinator or the responsible of the international office and the stamp of the host institution!***