

H A R A M B E E



ALL TOGETHER WITH AFRICA

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CERTIFICATE OF STAY

Guadalupe's Scholarship Program 2024

Host institution _____

This is to certify that the person (name and surname)

ARRIVAL

Has arrived and carried out a research stay under the "Guadalupe's Scholarship Program".

..... / /

day

month

year

Person in charge

Signature:

Stamp:

Date:

THIS DOCUMENT WILL NOT BE VALID IF CROSSED OUT OR CORRECTED



THIS MUST BE A SINGLE DOCUMENT, DONOT CUT IN TWO PIECES

DEPARTURE

Finished her research stay on:

..... / /
day month year

This date cannot be later than the date of the signature

Person in charge

Signature:

Stamp:

Date:

(date cannot be previous to the departur date)

THIS DOCUMENT WILL NOT BE VALID IF CROSSED OUT OR CORRECTED