

TO WHOM IT MAY CONCERN

This is to certify that Mr./Ms. _____(*FULL NAME*)_____from
Universitat Jaume I (Castellón, Spain) has been in an academic visit at _____(*HOST
INSTITUTION* (City, Country)_____from _____(*STARTING
DATE*) (day, month, year)_____to _____(*ENDING DATE*) (day,
month, year)_____and taught in the following courses:

Course name	Code	Days of teaching	Hours of teaching	Responsible professor

(Signature and stamp)

Date:

Full name of the signatory:

Position: