

## **CERTIFICADO DE CHEGADA / SAÍDA CERTIFICATE OF ARRIVAL / DEPARTURE**

FAU Student:	Nº USP:	
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Host Institution:		Mobility: ( ) 1 Semester
		() 1 Year
responsible for mobility (name):	responsible for mobility (email):	

## **ENROLLMENT IN SUBJECTS**

Subject	Credits	Hour load (semester)

## **CERTIFICATE OF ARRIVAL**

I declare that the student identified above **started** his/her exchange program at this institution

on: (dd/mm/yy): \_\_\_\_/\_\_\_\_.

SIGNATURE AND STAMP OF INTERNATIONAL OFFICE STAFF:

DATE:

## **CERTIFICATE OF DEPARTURE**

I certify that the student identified above has **finished** his/her study period at this institution on

(dd/mm/yy): \_\_\_\_/\_\_\_\_.

SIGNATURE AND STAMP OF INTERNATIONAL OFFICE STAFF:

DATE:

ALUNO, FAVOR ENVIAR CÓPIA DIGITALIZADA DESTE DOCUMENTO PARA MOBILIDADEFAU@USP.BR.