**After the Mobility**

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| ***Table D - Certificate by the Receiving Organisation/Enterprise*** |
| **Name of the student:** |
| **Name of the Receiving Organisation/Enterprise:** |
| **Sector of the Receiving Organisation/Enterprise:** |
| **Address of the Receiving Organisation/Enterprise** [street, city, country, phone, e-mail address]**, website:** |
| **Start date and end date of the mobility: from [day/month/year] …………………. to [day/month/year] ………………..** |
| **Detailed programme of the short-term mobility period including tasks/courses carried out/completed by the student:**  |
| **Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):**  |
| **Evaluation of the student:**  |
| **Date:** |
| **Name, signature and stamp of the Supervisor at the Receiving Organisation/Enterprise:** |