**STSM Certificate**

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| **Host institution** |
| **Name and surname** |
| Please insert your name and surname here. |
| **Position** |
| Please provide the position held at the institution you work for. |
| **Host institution** |
| Please insert the name of the institution you work for. |
| **City and country** |
| Please insert the city and the country where the host institution is located. |

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| **Grantee** |
| **Name and Surname** |
| Please insert the name and surname of the grantee here. |
| **Home Institution** |
| Please insert the home institution of the grantee here. |
| **Country** |
| Please provide the name of the country where the grantee’s home institution is located. |
| **Dates during which the STSM took place** |
| Please insert the dates during which the STSM took place. |

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| **STSM report** |
| Please provide a brief report assessing the accomplishment of tasks by the grantee. |

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| **This letter is to certify:**  That the aforementioned grantee has performed a stay at this institution successfully |
| **Signature:** |