**CERTIFICADO DE LLEGADA**

***CERTIFICATE OF ARRIVAL***

Nombre de la Institución: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of the Host Institution*

**CERTIFICA QUE:**

*CERTIFIES THAT*

El estudiante */ The student \_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

está matriculado/a como alumno de intercambio */ has been enrolled as an exchange student*

en la Facultad/Escuela de */ in the Deparment/School of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Semestre*/semester:* De *From\_\_\_/\_\_\_/\_\_\_\_* hasta *to\_\_\_/\_\_\_\_/\_\_\_*

**PROCESO DE MATRÍCULA:**

*ENROLLMENT PROCESS:*

Fecha límite para modificar la lista de cursos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Deadline to modify the study plan*

Nombre del Responsable

de Relaciones Internacionales: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of the International Officer*

Correo electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*E-mail*

Cargo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Position*

Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sello y Firma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date Stamp and signature*

**Sírvase enviar este documento debidamente llenado a la Sección de Movilidad Estudiantil de la PUCP, al correo** **jpro@pucp.edu.pe**

**Please fill in this document and return it to the Section of Student Mobility at PUCP by email at** **jpro@pucp.edu.pe**