



PSYCHOPHYSICAL APTITUDE CERTIFICATE

Country of Origin:

Home University:

Home School:

Mr.

/Ms.

.....

....,

passport number with legal domicile in
..... is psychologically and physically able to
study abroad, fulfil his/her academic obligations and develop a university
and social life at the Universidad Nacional de La Plata, Republic of
Argentina.

*Signature and seal of an authorized
Practitioner and the Healthcare Centre*

Date:

Place: