



## CERTIFICATE OF PSYCOPHYSICAL FITNESS

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*Country of Origin:*

*Home University:*

*Home School:*

Mr./Ms. \_\_\_\_\_ ,  
Passport Number \_\_\_\_\_ ,with legal domicile at  
\_\_\_\_\_ ,

is psychologically and physically fit to study abroad, comply with his/her academic obligations and develop a university and social life at the Universidad Nacional de La Plata, Argentine Republic.

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*Signature and seal of an authorized  
Practitioner and Health Centre*

*Date:*

*Place:*