

STAFF MOBILITY FOR TRAINING: CERTIFICATE OF ATTENDANCE

Academic Year 2014/2015

To whom it may concern

Name of institution:

ERASMUS-code:

I herewith confirm that Ms./Mr. (title and name)

has taken part in our ERASMUS+ Staff Training Programme in our institution

Duration of stay (days)

from¹

till²

Name of
Signatory: _____

Function: _____

Place / Date: _____

Signature: _____

Stamp: _____

¹ First day the participant needs to be present at the receiving institution

² Last day the participant needs to be present at the receiving institution