

Certificate of Attendance

Staff Mobility for Training

Academic Year

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 to² physical mobility

Duration of stay (days) from³ to⁴ virtual mobility

Name of Signatory

Function

..... Place Date Signature, stamp

- 1 First day the participant needs to be present at the receiving institution (physical mobility)
- 2 Last day the participant needs to be present at the receiving institution (physical mobility)
- 3 First day the participant needs to be present at the receiving institution (virtual mobility)
- 4 Last day the participant needs to be present at the receiving institution (virtual mobility)