

Certificate of Attendance

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Erasmus+ Staff mobility

This is to confirm that:

Full Name

Has done one of the following Erasmus+ mobilities:

Staff mobility for Teaching:

Staff mobility for Training:

At

(Name, Erasmus Code of host institution)

From: _____/_____/_____

To: _____/_____/_____
(DD/MM/YYYY)

Name and function of signatory: _____

Date, place and signature: