**CERTIFICATE OF ATTENDANCE**

***HOST INSTITUTION***

***Name of institution:***

***Erasmus code:***

***Department:***

***MOBILITY TYPE***

 *Student mobility for studies (SMS)*   *Staff mobility for teaching assignments (STA)*

 *Student mobility for traineeship (SMT)*   *Staff mobility for training (STT)*

***CONFIRMATION***

***We hereby confirm that***

***First and last name*:**

***Name of Home institution and Erasmus code (if applicable)*:**

***has completed the Erasmus+ exchange in the below mentioned dates:***

***Start of mobility period:***

***End of mobility period*:**

**Place and date:**

***Name and position of the authorised person in the host institution:***

***Signature and stamp:***