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**CERTIFICATE OF ATTENDANCE**

Name of the host institution:

***UNIVERSITY***

**IT IS HEREBY CERTIFIED THAT:**

Mr./Mrs.. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

attended the teaching activities specified under the ERASMUS+ programme at our institution between

16 October 2024 and 20 October 2024

|  |
| --- |
| **Number of teaching hours: …………………** |
| **Content of the teaching programme:** |

(Place),

Date Stamp and Signature

Name of the signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_