**Attendance Certificate**

**Section to be completed DURING/AFTER THE MOBILITY**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
|  |  | Nationality |  |
| Sex [*M/F*] |  | Academic year |  |
| E-mail |  |  |  |

|  |
| --- |
| **HOST INSTITUTION** *We confirm that the proposed teaching/staff programme has been carried out:* |
| Start date of teaching/ staff period:  |  |
| End date of teaching/ staff period:  |  |
| Total number of teaching/staff visiting days: |  |
| Total number of teaching hours:(minimum 8 hours/week) |  |

|  |  |
| --- | --- |
| Date:  |  |
| Signature:  |  |
| Name: |  |
| Title/Function: |  |
| Stamp: |  |