

**ERASMUS+ PROGRAMME KA107 – Staff Mobility for Training (STT - T)**

**ACADEMIC YEAR ……………. / …………….**

**CERTIFICATE OF ATTENDANCE**

# THIS IS TO CERTIFY THAT

(Lecturer’s full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

from UNIVERSITAT DE LLEIDA (E LLEIDA01) has completed a **Staff Mobility for Training** within the framework of the **ERASMUS+** Programme KA107 – STT-T, at the university \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ), in the Faculty or Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training dates (minimum 5 training days, excluding travel days and weekends):

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Total number of training days: \_\_\_\_\_\_\_

Language used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of training (choose one option): *Workshop - Job shadowing - Training (others)*

Partner teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date (same day as last day of stay, or later)

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Name Stamp

*Please print 2 ORIGINALS: 1 for the lecturer and 1 for home university*

Relacions Internacionals

Universitat de Lleida

Jaume II, 67 (Campus de Cappont)

25001 Lleida (Catalonia), Spain

*Thank you very much for your cooperation*