

**ERASMUS+ PROGRAMME – Staff Mobility for Training**

**ACADEMIC YEAR: \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_**

**CERTIFICATE OF ATTENDANCE**

# THIS IS TO CERTIFY THAT

(Person’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

from UNIVERSITAT DE LLEIDA (E LLEIDA01) has completed a **Staff Mobility for Training** within the framework of the **ERASMUS+** Programme at the university/institution/company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(city \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

in the Faculty/Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICAL PERIOD SPENT IN RECEIVING/HOST COUNTRY:

Training dates *(minimum 2 training days, excluding weekends):*

from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Main language used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

Name Stamp

*Please send a copy by email to* **ri@udl.cat**

*Thank you very much for your cooperation*