**ERASMUS+ PROGRAMME**

**STUDENT MOBILITY FOR STUDIES/TRAINEESHIPS**

**20..-20.. Academic Year**

**CERTIFICATE OF ATTENDANCE**

**Home University:**

**Erasmus Code:**

**Student’s Full Name:**

**Faculty and Department:**

This is to confirm that the abovementioned student was enrolled as a fulltime student at our institution within the Erasmus+ Programme Student Mobility for Studies/Traineeships.

**From (DD/MM/YYYY):** …………………………… (The first day that the student was present at our institution).

**To (DD/MM/YYYY):** …………………………… (The last day that the student was present at our institution).

**Host Institution:**

**ID Code of the Host Institution:**

 **Name of Signatory:**

**Position/Title:**

**Date:**

**Signature:**

**Stamp:**