**MoU (Memorandum of Understanding)**

 **STUDENT MOBILITY FOR STUDIES/TRAINEESHIPS**

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

CERTIFICATE OF ATTENDANCE

**Home University:**

Student’s Full Name:

**Faculty and Department:**

This is to confirm that the above-mentioned student was enrolled as a full-time student at our institution within the MoU (Memorandum of Understanding) 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:**

 **Name of Signatory:**

 **Position/Title:**

 **Date:

 Signature:**

 **Stamp:**