

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

**ACADEMIC YEAR ………….. / …………..**

**CERTIFICATE OF ATTENDANCE**

# THIS IS TO CERTIFY THAT

(Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

from UNIVERSITAT DE LLEIDA (E LLEIDA01) has completed a **Staff Mobility for Training**  within the framework of the **ERASMUS+** Programme in the company/institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (city \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_), in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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Name Stamp

*Please print 2 ORIGINALS: one for the staff member and one for home university*

Oficina de Relacions Internacionals

Universitat de Lleida

Jaume II, 67 bis (Campus de Cappont)

25001 Lleida (Catalonia), Spain

*Thank you very much for your cooperation*