



# CERTIFICATE OF ATTENDANCE

**ACADEMIC YEAR:**

Host University:

THIS IS TO CERTIFY THAT

Mr. / Mrs. / Ms.

from the University of:

has been at the

from:

to:

Number of days:

Number of hours:

Signature:

Date:

Name:

Position:

Stamp:

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Please give original to staff member or send to:

Oficina de Relacions Internacionals  
Universitat de Lleida  
Jaume II, 67 bis (Campus de Cappont)  
25001 Lleida (Spain)