

ERASMUS PROGRAMME

ACADEMIC YEAR /

CERTIFICATE OF ATTENDANCE

THIS IS TO CERTIFY THAT

Mr./Mrs. _____

from the _____
(host university)

has been teaching at the Department / Faculty of

in the host institution: UNIVERSITAT DE LLEIDA (E LLEIDA01)

from _____ to _____
(day month year) (day month year)

Number of hours taught: _____

LLP/ Erasmus Departmental Coordinator

Signature

Name

LLP/ Erasmus Institutional Coordinator

Signature

Name

Date

Stamp