

**ERASMUS+ PROGRAMME**

**STUDENT MOBILITY FOR STUDIES (SMS-T)**

**Academic year: …….… / ………**

**CERTIFICATE OF ATTENDANCE**

# THIS IS TO CERTIFY THAT

(Student’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

from the UNIVERSITAT DE LLEIDA (E LLEIDA01) has participated in the ERASMUS+ Programme KA107 – SMS - T in the academic year \_\_\_\_\_\_\_ / \_\_\_\_\_\_ in the Department/ Faculty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

at (name of host university) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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from \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

day month year day month year

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

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Name Stamp

Please give document to student or send ORIGINAL by post to:

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*