**CERTIFICATE OF ATTENDANCE**

**Erasmus+ staff mobility for teaching**

|  |  |
| --- | --- |
| Participant’s name, surname | Name Surname |
| Sending institution (with Erasmus code) | Vytauto Didžiojo universitetas (Vytautas Magnus University), LT KAUNAS01 |
| Receiving institution (with Erasmus code) | Name of the hosting institution, Erasmus code |
| **Period of physical mobility:**Duration of the teaching activity excluding travel days, if during those days no teaching activities were carried on. | from day/month/year to day/month/year |
|  |  |
| **Date/s or period of virtual component:**(if applicable) | from day/month/year to day/month/year |
| Number of teaching hours \_\_\_The successful completion of the Erasmus+ staff teaching visit, as agreed in the Staff Mobility for Teaching Agreement, is hereby confirmed. |
| Position Name Surname |
| SignatureStampPlaceDate  |  |