**CERTIFICATE OF ATTENDANCE**

**Erasmus+ staff mobility for teaching**

|  |  |
| --- | --- |
| Participant’s name, surname | Vardenis Pavardenis |
| Sending institution (with ERASMUS code) | Vytauto Didžiojo universitetas (Vytautas Magnus University), LT KAUNAS01 |
| Receiving institution (with ERASMUS code, if applicable) | Priimančios institucijos pavadinimas |
|  |  |
| Duration of the teaching activity (excluding travel days, if during those days no teaching activities were carried on) | from day/month/year  until day/month/year |
|  |  |
| Additional travel day/s (additional travel days that no teaching activities were carried on) | |  | | --- | |  | |
| Mobility mode (please mark)  Physical  Virtual  Number of teaching hours \_\_\_\_\_  The successful completion of the ERASMUS+ staff teaching visit, as agreed in the Mobility Agreement, is hereby confirmed. | |
| Position  Name Surname | |
| Signature  Stamp  Place  Date |  |