**CERTIFICATE OF ATTENDANCE**

**Erasmus+ staff mobility for training**

|  |  |
| --- | --- |
| Participant’s name, surname | Name Lastname |
| Sending institution (with ERASMUS code) | Vytauto Didžiojo universitetas (Vytautas Magnus University), LT KAUNAS01 |
| Receiving institution (with ERASMUS code, if applicable) | Receiving institution |
|  |  |
| Duration of the training activity (excluding travel days, if during those days no training activities were carried on) | from day/month/yearuntil day/month/year |
|  |  |
| Additional travel day/s (additional travel days that no training activities were carried on) |

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|  |

~~(please indicate number of funded travel days: 0, 1 or 2, in case of ecological travel – up to 4) (it must be the same as indicated in Training Agreement ) after indicating the number, please delete the coment~~ |
| Mobility mode (please mark) [ ]  Physical  [ ]  VirtualThe successful completion of the ERASMUS+ staff training visit, as agreed in the Mobility Agreement, is hereby confirmed. |
| Position Name Surname |
| SignatureStampPlaceDate  |  |