**CERTIFICATE OF ATTENDANCE**

**Erasmus+ staff mobility for training**

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