

Erasmus+
STAFF MOBILITY FOR TRAINING
Certificate of Attendance

To whom it may concern

I herewith confirm that

Name of Participant

from

Universität Ulm (D ULM01)

has participated in our

between _____ and _____
Date: first day of training *Date: last day of training*

at

Name of host institution

Date, place: _____

(Signature and stamp of the authorized person of the host institution)