



Certificate of Attendance

I, _____, hereby certify that
name of signatory

name of participant

from the University of the Basque Country,
completed an ERASMUS+ staff TRAINING programme at

name of Host Institution

Face-to-face mobility (participant was physically at the host institution):

FROM: ____ day ____ month ____ year **TO*:** ____ day ____ month ____ year

Interruption in activity (if applicable, e.g. weekends):

FROM: ____ day ____ month ____ year **TO:** ____ day ____ month ____ year

Total face-to-face training hours: ____

The programme included virtual components:

Period of virtual components:

FROM: ____ day ____ month ____ year **TO:** ____ day ____ month ____ year

Date*

Signature

Position of signatory at host institution:

E-mail address of signatory:

***The date of issue of this certificate must not pre-date
the end of stay date at the host institution.**

Return this certificate to: nazioartekoak.staff@ehu.eus / staff.internacional@ehu.eus