Junta de Castilla y León
Consejería de Educación

Education and Culture DG
Lifelong Learning Programme

CERTIFICATE OF ATTENDANCE

LLP/ERASMUS ACADEMIC YEAR

ERASMUS TEACHING MOBILITY

HOST INSTITUTION	
Name of the host institution*:	
Adress:	
City and country:	Erasmus Code*:

(*)Official name of the institution in the national language of their country.

IT IS HEREBY CERTIFIED THAT:

Mr. / Ms:

From (name of the home institution):

Performed the teaching assignment specified under the LLP/ERASMUS programme at our institution between:

_____, _____, _____ and _____, _____, _____

day month year day month year

at the Department/Faculty:

Number of hours per week (total):

Number of teaching days (total):

Name of the signatory: Funtion :	Institutional Stamp
Signature	Date:

PRINT

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