**ERASMUS ATTENDANCE CERTIFICATE**

**Staff training mobility (STT)**

**Academic year 2024/2025**

**Host institution**: .....................................................................................................................................

Erasmus Code: ..........................................................................................................................................

Country: .....................................................................................................................................................

**Mobility type :**

* Workshop
* Training
* Job Shadowing
* Other

**We hereby confirm, that Ms/Mr** ........................................................................................... **, from the University of Warsaw (PL WARSZAW01) has performed an Erasmus mobility in our institution**

**from** ................................... **to** ........................................

Place: Date:

Name and position of the authorized person at the host institution:

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Signature: Stamp of the institution: