**ERASMUS ATTENDANCE CERTIFICATE**

**Staff training mobility (STT)**

**Academic year 2025/2026**

**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:

.......................................................................................................................................................

Signature: Stamp of the institution: