



CERTIFICATE OF ATTENDANCE ERASMUS+ STAFF MOBILITY

NAME OF THE HOST INSTITUTION:

This document is to confirm that

NAME OF THE PARTICIPANT:

from Universidad Autónoma de Madrid has carried out an Erasmus+ staff mobility at our institution during the below mentioned dates.

START AND END DATE OF THE PHYSICAL MOBILITY PERIOD

FROM (dd/mm/yyyy)		TO (dd/mm/yyyy)	
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The start date of the mobility period shall be the first day that the participant needed to be present at the host institution and the end date shall be the last day the participant needed to be present at the host institution.

TYPE OF MOBILITY

TEACHING MOBILITY	NUMBER OF TEACHING HOURS:	
COMBINED TEACHING AND TRAINING MOBILITY	NUMBER OF TRAINING HOURS (if applicable):	hours per day
TRAINING MOBILITY		total hours

RESPONSIBLE PERSON AT THE HOST INSTITUTION

Name: Position: Date: <i>(Please do not sign the document before the end date of the mobility)</i>	Signature (and stamp)
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Both traditional and electronic signatures are accepted on this document.

An electronic signature can be a locked PDF signature/other form of secure signature. If signed by hand, please include a stamp.