**Attendance Certificate**

**CIVIS Blended Intensive Programs 23-24**

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| --- | --- | --- | --- |
| Student Last Name |  | First Name |  |
| Date of Birth |  | Sending Institution (Erasmus code) |  |
|  |
| Receiving Institution (Erasmus code) |  |
| Faculty/ Department |  |
| Academic Responsible:  |  |
|  | Tel: | E-mail: |

|  |  |
| --- | --- |
| BIP Program Title:  |  |
| Program Dates (including virtual & physical component) | *From \_\_\_\_/\_\_\_\_/\_\_\_\_ (DAY/MONTH/YEAR) till \_\_\_\_/\_\_\_\_/\_\_\_\_ (DAY/MONTH/YEAR)* |

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| --- |
| ***START AND END DATES OF PHYSICAL PERIOD AT HOST INSTITUTION*** |
| *From \_\_\_\_/\_\_\_\_/\_\_\_\_ (DAY/MONTH/YEAR) till \_\_\_\_/\_\_\_\_/\_\_\_\_ (DAY/MONTH/YEAR* |
| *Person in charge (name and title):* |
| *Signature and Stamp:**Date of issue:*  |

*Once the* ***start and end*** *of the Erasmus period (face-to-face component) has been signed, this document will be sent to* *civis.mobility@uam.es* *within 10 days after the mobility, together with the proof of travel*

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