

## **CERTIFICATE OF ATTENDANCE**

## ERASMUS FOR STAFF TRAINING

Name of the host Institution:					
Erasmus Code: _					
IT IS HEREBY ( Mr./Ms.	CERTIFIED TH				
Representative f	rom Universitat	Jaume I, E CA	ASTELL01		
followed a trainin	g period at our in	stitution under	the LLP/ER	ASMUS progr	amme,
*between,	between,		, and,		
	month			month	
in the Department	/ Faculty of:				
name of the lectur					
+Date of signature		Stamp and Signature			
Name of the signa					
*Please, include	only the days wh	nen the TRAIN	NNG activ	ity has taken p	olace.
+Last day of stay	or later				