# Erasmus+

## Certificate of Attendance – Staff Mobility for Training

### Academic Year 2023/2024

##### To whom it may concern

Name of receiving institution:

Erasmus+ Code:

I herewith confirm that Ms./Mr.       (title and name)

has taken part in the Erasmus+ Staff Training Programme between Alice Salomon Hochschule Berlin (sending institution) and our institution.

Duration of stay (days):       from[[1]](#footnote-1)       /       /       until[[2]](#footnote-2)       /       /

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Stamp of the institution

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of signatory, Function Date, place

1. first day the participant needs to be present at the receiving institution [↑](#footnote-ref-1)
2. last day the participant needs to be present at the receiving institution [↑](#footnote-ref-2)