

Erasmus+ Key Action 103 Staff Mobility for Training

Certificate of Attendance

Academic Year 20_____

Name of home institution: University of Göttingen (D GOTTING01)

Name of participant: _____

Duration of stay (days): from: _____ till: _____

Staff Week _____ or Individual Visit _____

Name of receiving institution: _____

Erasmus Code: _____

Faculty / Department: _____

Date: _____

Place: _____

Name and status: _____

Signature / Stamp:

(The present document shall be completed and signed by the responsible person at the International Office of the Host institution.)

The original document has to be returned by the participant to the International Office of the University of Göttingen.