

**Certificate of Attendance**

20../20..

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| --- | --- |
| Sending Institution | |
| Name of the institution: | Kastamonu University |
| Erasmus code: | TR KASTAMO01 |

|  |  |
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| Receiving/Host Institution | |
| Name of the institution: |  |
| Country: |  |

|  |  |
| --- | --- |
| Staff Member | |
| First and family names: |  |
| Date of birth (*dd/mm/yy*): |  |
| Faculty/Department: |  |
| Type of mobility: | Staff Mobility for Teaching |
| Total number of teaching hours: |  |

It is hereby certified that the above mentioned staff member has completed a teaching activity within the framework of the Erasmus Programme at our institution/organisation between the following dates:

|  |  |
| --- | --- |
| Date of arrival | Date of departure |
| ... / ... / 20... | ... / ... / 20... |

Signed and stamped on behalf of the host institution\*.

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*(title, name, position and signature) (stamp) (date and place)*

*\*This form should be completed by the host institution at the end of the mobility period.*