

**ERASMUS+ PROGRAMME**

**STUDENT MOBILITY FOR TRAINEESHIPS**

**Academic year: ……… / ……….**

**CERTIFICATE OF ATTENDANCE**

# THIS IS TO CERTIFY THAT

(Student’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

from the UNIVERSITAT DE LLEIDA has participated in the ERASMUS+ Programme (Student Mobility for Traineeships) in the academic year \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ at the host university / in the company /organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(city: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

from \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

day month year day month year

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Signature Date (same day as last day of stay, or later)

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Name Stamp

Please give document to student or send ORIGINAL by POST to:

Oficina de Relacions Internacionals

Universitat de Lleida

Jaume II, 67 bis - Campus de Cappont

25001 Lleida (Spain)

*Thank you very much for your cooperation*