Załącznik 7 do Regulaminu STA

**ERASMUS +ATTENDANCE CERTIFICATE**

**Staff training mobility (STA)**

**Host institution**:

**Erasmus Code:**

**Country:**

**Mobility type:**

* Staff Week
* Teaching
* Other:

...............................................................................................................................

We hereby confirm, that ........................................................……………………….....…………..  
 *(Name and surname of participanet)*   
 from the Pontifical University of John Paul II in Krakow (PL KRAKOW08) has performed an Erasmus+ mobility (Teaching) and has delivered 8 hours of lectures in .............................  
  *(Unit/Department Name)*  
........................................................... at our institution: ..........................................................   
  
……………………..............................…….......................................................................  
 *(Name of Host Institution )*   
   
from ………-…………-………… to ………-…………-…………

**Place:** ………………… **Date:** ……………………………

Name and position of the authorized person at the Host Institution:

.................................................................................................

*(Name and surname )*

**Signature:**  **Stamp of the institution**