Załącznik 7 do Regulaminu STT

**ERASMUS +ATTENDANCE CERTIFICATE**

**Staff training mobility (STT)**

**Host Institution**:

**Erasmus Code:**

**Country:**

**Mobility type:**

* Training Staff Week
* Job Shadowing
* 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 (Training) in .........................................................................................
  *(Unit/Department Name)*
at our institution: ……………………..............................…….......................................................................
 *(Name, of Institution )*

from ………-…………-………… to ………-…………-…………

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

Name and position of the authorized person at the host institution:

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

*(Name and surname )*

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