



Certificate of Training Mobility within Erasmus+ (STT)

Hereby it is confirmed that Mr/Ms

_____ (title, family name, first name)

has participated in Erasmus+ training mobility STT

from _____ (day/ month/ year)

until _____ (day/ month/ year).

Name and function of signatory: _____

University/ Receiving Institution: _____

Erasmus Code (if applicable): _____

(place and date)

(signature AND stamp)

This certificate must not be signed before the end of the confirmed teaching mobility.

