**Allegato 5**

**Certificate of attendance**

**The present document should be completed by the Responsible person at the International Office of the Host Institution**

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| --- |
| Staff Member: …………………….……………………………………………………………………………………………Home Institution: Università degli Studi Internazionali di Roma – UNINT Erasmus Code: I ROMA20Receiving Institution: …….……………………………………………………………………………………….Erasmus Code: …………………………………………….. Duration: ……………… days  |

We confirm that the above mentioned Staff Member performed the mobility for training under the ERASMUS+ programme at our institution between:

------------- ------------ ---------- and ----------- ------------ ------------

 day month year day month year

Signature and Stamp: ……………………………………….

Name: ……………………………………………………….…….

Position: …………………………………………………..………

Date: ……………………………………………………….……….