**Allegato 5**

**Certificate of attendance**

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

|  |
| --- |
| Staff Member: …………………….……………………………………………………………………………………………  Home Institution: Università degli Studi Internazionali di Roma – UNINT Erasmus Code: I ROMA20  Receiving 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: ……………………………………………………….……….