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## **Erasmus+ Certificate of Stay**

It is hereby certified that [name and surname of the participant] from the [name of the sending institution] has taken part in the Erasmus + Mobility at the organisation [name of the receiving institution], located in [place and country], from [date of arrival] till [date of departure] developing the following program during the stay:

| The staff member                   |       |
|------------------------------------|-------|
| Name:                              |       |
| Signature:                         | Date: |
|                                    |       |
| The sending institution/enterprise |       |
| Name of the responsible person:    |       |
| Signature:                         | Date: |
|                                    |       |
| The receiving institution:         |       |
| Name of the responsible person:    |       |
| Institution address:               |       |
| Place and country:                 |       |
| Signature:                         | Date: |