

**CERTIFICATE OF ATTENDANCE**

**PARTICIPANT**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name:  |  | Last name:  |  |

**SENDING INSTITUTION**

|  |  |
| --- | --- |
| Name of Insitution: | Budapest Metropolitan University |
| Country: | Hungary | Erasmus Code:  | HU BUDAPES45 |

**HOST**

|  |  |
| --- | --- |
| Name: |  |
| Country: |  | Erasmus Code (if applicable):  |  |

This is to certify that the above mentioned participant completed the teaching/training activity under the Erasmus+ programme at our institution,

**between …………**

\*Only in case of Mobility for Teaching:

The participant fulfilled the requirements by teaching ……….. hours during the mobility period.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (name, position, stamp)