

## STAFF TRAINING MOBILITY CERTIFICATE

Name of the host Institution \_\_\_\_\_

Erasmus Code (if applicable) \_\_\_\_\_

**It is hereby certified that**

Mr./Ms. \_\_\_\_\_

from the **Universidade NOVA de Lisboa – P LISBOA03** – has participated in a Staff Mobility for Training, under the Erasmus+ Programme, at our Institution between \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy) and \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy) in the Department/Faculty of \_\_\_\_\_ for a total of \_\_\_\_ Working days and for a Total of \_\_\_\_ hours.

**Name of the responsible Person:**

\_\_\_\_\_

Function:

\_\_\_\_\_

Institutional Stamp & Signature

\_\_\_\_\_

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