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ERASMUS+ PROGRAMME - STT (Staff Mobility for Training)

Academic Year

Certificate of Attendance

The present document shall be completed by the responsible person at the Receiving Institution.

•	at Mr / Mrs (Family name, First name)
Staff member of the his / her period of tr	HAWK Hochschule Hildesheim/Holzminden/Göttingen [D HILDESH02] , spent raining
from	to
(dd.mm.yyyy)	(dd.mm.yyyy)
at	
at	
(Name of Receiving I	nstitution)
Unit / Faculty:	
ERASMUS Code (if ap	plicable):
Training assignment	, number of days:
Number of travel da	YS (1 day before and/or 1 day after training period):
Data	
Date:	
Place:	
Name and status:	
Signature / Stamp:	