



HAWK Hochschule Hildesheim/Holzminden/Goettingen
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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.

I hereby confirm that Mr / Mrs
(Family name, First name)

Staff member of the HAWK Hochschule Hildesheim/Holzminden/Göttingen [D HILDESH02] , spent his / her period of training

from to
(dd.mm.yyyy) (dd.mm.yyyy)

at

.....
(Name of Receiving Institution)

Unit / Faculty:

ERASMUS+ Code (if applicable):

Training assignment, number of days:

Number of travel days (1 day before and/or 1 day after training period):

Date:

Place:

Name and status:

Signature / Stamp: