

**ERASMUS PLUS PROGRAMME**

**INTERNATIONAL MOBILITY (KA171)**

**CERTIFICATE OF ATTENDANCE**

*(To be completed by the Host Institution at the end of the study/traineeship period)*

I hereby confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(student’s name),* born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_ (*AL/other state*)from the Catholic University Our Lady of Good Counsel, Tirana, Albania, has spent an Erasmus (ICM) period at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name of the Host University*), from: \_\_\_\_ / ­­­­\_\_\_\_ / ­­­­\_\_\_\_ *(first date present at the Host University/Institution)* until \_\_\_\_ / ­­­­\_\_\_\_ /­­­­\_\_\_\_ *(\*last date present at the Host University/Institution)*. During this period, the student has successfully completed:

The study program - has attended courses (lectures/seminars/labs) and has taken exams □ Yes □ No

The traineeship program  □ Yes □ No

The study and the traineeship programcombined□ Yes □ No

**On behalf of the Host University/Institution**

Name, function (position) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp:

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\*Please note: this certificate must not bear a date prior to the date of the end of the Erasmus period.

Please send a scanned copy of the certificate at erasmus@unizkm.al.