INSERT HERE YOUR OFFICIAL LETTERHEAD

Allegato 4/Annex 4

TNE23-00047

"ENhancing Governance and Innovation capacities for the higher Education System regeneration – ENGINES" CUP E11B24000500006

Academic Year 20__-20__ Certificate of Attendance

This is to certify that Name	Surname	(C.F.
) coming from	the UNIVERSITY	OF CAMERINO has performed
his/her staff mobility period for Teach	ning/Training at the l	nost Institution
	(Faculty of).
He/She started his/her mobility period	d at our Institution or	n//
And completed his/her mobility period		
During the mobility period, Name		
teaching activities in	for a t	otal of hours.
Place and date*		
Name and status of the signatory	y	
Signature		
Host institution Stamp		
L	J	

The arrival and the departure dates are defined as the first and the last day the participant needs to be present at the Receiving Institution.

* The date of the coordinator's signature must be the same of that of departure from the Receiving Institution (only 1-2 days before departure will be tolerated).







