

CERTIFICATE OF ATTENDANCE

Beneficiary Name:

Beneficiary Surname:

Department/Unit:

Home Institution: University of Évora

ERASMUS CODE: P EVORA 01

Host Institution:

ERASMUS CODE (if any):

We confirm that the above mentioned completed an STA/STT Mission from
_____ **202**__ **till** _____ **202**__.

Date:

(Signature, Stamp of the Host Institution)