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Erasmus+/KA171 International Mobility of **Staff for Training**

**Certificate of Training**

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| Name of the staff member: Sending Institution: Erasmus Code (if applicable):Receiving Institution: **National and Kapodistrian University of Athens**Erasmus Code: **G ATHINE01** Academic year**:** Number of training days (min. 5 days): Number of training hours: (min. 8 hours per week): **8**From: To:  |

|  |
| --- |
| **CONTENT OF THE TRAINING PROGRAMME:** |

Name of the Signatory:

Position of the Signatory:

Date:

Stamp:

Sign: