

## SWISS-EUROPEAN MOBILITY PROGRAMME

### Staff Mobility for Training Certificate of attendance

**Academic year 2015/2016**

This is to certify that:

Mr/Ms/Prof/Dr \_\_\_\_\_ (name)

has completed a training

at \_\_\_\_\_ (name of host institution)

from \_\_\_\_\_ (dd/mm/20yy)

to \_\_\_\_\_ (dd/mm/20yy)

Name of signatory \_\_\_\_\_

Function \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_