# **PERSONAL DETAILS OF ERASMUS+ KA107 STT BENEFICIARY:**

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| LAST NAME (AS ON PASSPORT): | FIRST NAME (AS ON PASSPORT): |
| ……………………………………………… | ……………………………………………… |
| EMAIL ADDRESS: ……………………………………………… | SIGNATURE ……………………………………………… |

# **MOBILITY DETAILS:**

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| **TO BE FILLED IN ON THE DAY OF ARRIVAL – 1st day of mobility** |

**HOME UNIVERSITY:** HOST UNIVERSITY

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| SGH WARSAW SCHOOL OF ECONOMICS | ……………………………………………… |
| OFFICIAL STAMP HOST UNIVERSITY | OFFICIAL STAMP HOST UNIVERSITY |

1ST DAY OF THE MOBILITY (DD/MM/YYYY) ………/……………/…………

DATE (DD/MM/YYYY) ………/……………/…………

SIGNATURE (INTERNATIONAL CENTRE/ FACULTY/ DEPARTMENT AT HOST UNIVERSITY) …………………………………

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| **TO BE FILLED IN ON THE DAY OF DEPARTURE FROM THE UNIVERSITY – last day of mobility** |

This is to certify that the staff member completed the training under the Erasmus+ programme KA107 International Credit Mobility at our University according to the plan agreed in the Staff Mobility Agreement during the period indicated in this Certificate of Attendance.

**HOME UNIVERSITY:** HOST UNIVERSITY

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| SGH WARSAW SCHOOL OF ECONOMICS | ……………………………………………… |
| OFFICIAL STAMP HOST UNIVERSITY | OFFICIAL STAMP HOST UNIVERSITY |

LAST DAY OF THE MOBILITY (DD/MM/YYYY) ………/……………/…………

DATE (DD/MM/YYYY) ………/……………/…………

SIGNATURE (INTERNATIONAL CENTRE/ FACULTY/ DEPARTMENT AT HOST UNIVERSITY) …………………………………

SIGNATURE (ERASMUS+KA107 BENEFICIARY) …………………………………