

ERASMUS - Training

Name of the host institution: _____

Erasmus Code (if available): _____

Certificate of Attendance

I, the undersigned, hereby declare that _____ (name of the student), made his/her training at the above-mentioned institution under the ERASMUS scheme of the European Commission from ___/___/____ to ___/___/____ (total number of months = _____).

Date: ___/___/____

Signature _____

Name and function: _____

Seal of the Partner Institution

ULHT – Universidade Lusófona de Humanidades e Tecnologias – P LISBOA52

ICEO -- International, Career & Entrepreneurship Office
Central Office: Av. Campo Grande, 376, 1749-024 Lisboa, Portugal
Tel: +351 217 515 565
Fax: +351 217 515 534



DG Educação e Cultura