PROJECT NO.: 2023-1-PL01-KA171-HED-000124827

STAFF MEMBER

|  |  |
| --- | --- |
| Family Name: |  |
| First Name: |  |

SENDING INSTITUTION/ENTERPRISE

|  |  |
| --- | --- |
| Country |  |
| Name of Sending Institution |  |

RECEIVING INSTITUTION

|  |  |
| --- | --- |
| Country | POLAND |
| Name of Receiving Institution  ERASMUS Code | University of Life Sciences in Lublin, PL LUBLIN04 |
| Faculty/Department/Unit |  |

This is to certify that the visiting staff undertook the Staff Mobility for Training under the Erasmus Plus programme at the receiving institution in the period

from (day/month/year) .................................................................

until (day/month/year) .................................................................

of the academic year 2024/2025

with number of …………… working hours (minimum 16 hours for five working days)

|  |  |  |
| --- | --- | --- |
| ………………………………………….……………………  Signature and stamp of the representative of Host Unit  *Lublin, dd/mm/yyyy (the last working day of the mobility)* |  | ………………………………………….…………………  *Signature and stamp of the Erasmus+ Coordinator*  *Lublin, dd/mm/yyyy (the last working day of the mobility)* |
|  |  |  |