**CERTIFICATE OF ATTENDANCE**

Beneficiary Name:

**Beneficiary Surname:**

**Department/Unit**:

**Home Institution: University of Évora**

**ERASMUS CODE:** P EVORA 01

**Host Institution:**

**ERASMUS CODE (if any):**

**We confirm that the above mentioned completed an STA Mission from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2019 till \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2019.**

**Date:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Signature, Stamp of the Host Institution)**