**ANEXO III**

**CERTIFICATE OF ATTENDANCE**

Name of the host institution:

….…………………………………………………………………………

**IT IS HEREBY CERTIFIED THAT:**

Mr./Ms.…………………………………………………………………………….…

from the UNIVERSITY OF CADIZ, SPAIN (ECADIZ01)

performed the teaching mobility specified under the ERASMUS + programme at our institution between

 , , and \_, ,

day month year day month year

And taught hours

 **Date** (\*) **Stamp and Signature**

(\*) The date of signature should not be before the date of departure.

Name of the signatory: …………………………………………………

Function: ……………………………………………………………..

Original form to be handed to: Oficina de Relaciones Internacionales Universidad de Cádiz

Edificio Hospital Real. Plaza Falla nº 8. 11003. Cádiz. Spain