**ANEXO II**

**CERTIFICATE OF ATTENDANCE**

Name of the host institution:

 ………………………………………………………………………………

**IT IS HEREBY CERTIFIED THAT:**

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

from the

UNIVERSITY OF CADIZ, SPAIN

(E CADIZ01)

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

 \_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ and \_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_

 day month year day month year

**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 Internacionalización

Universidad de Cádiz

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