**Staff Mobility for Teaching**

**CERTIFICATE OF ATTENDANCE**

**Home Institution:** RISEBA University of Applied Sciences

**Erasmus Identity Code home Institution:** LV RIGA 29

**Participant First Name, Last Name:**

**STATEMENT OF HOST INSTITUTION**

The undersigned herby declares that the above-mentioned participant has completed his/her exchange period at:

**Host Institution:**

**Erasmus Identity Code of Host Institution:**

**Country:**

**Number of teaching hours: X**

**Duration:** X (in days) **Period of exchange:**  from XXXXXXXX. until XXXXXXX.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Stamp:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_