

**CERTIFICATE OF ATTENDANCE**

**ERASMUS+ PROGRAMME / SMT ACADEMIC YEAR 2023/ 2024**

**NAME OF STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME INSTITUTION: UNIVERSITY OF MISKOLC HU MISKOLC01**

**NAME AND COUNTRY OF THE HOST INSTITUTION :**

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

**CONFIRMATION OF ARRIVAL**

(first day when the student was present at work at the host institution)

**………..(day) ………………. (month) ……………………. (year)**

Name of signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 signature and stamp

T*he arrival date should be sent to the Erasmus Office of the University of Miskolc:* *agnes.magyar4@uni-miskolc.hu* *after the student’s arrival, and the original form including both the arrival and departure dates should be given to the student on departure.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPLETION OF THE TRAINEESHIP:**

|  |  |  |
| --- | --- | --- |
| Period spent **at the host institution/country** **in physical presence** (including on-site and online work)  | Period of online (remote) work **from the home country** | **2nd period** (if any) **spent at the host institution/country in physical presence** (including on-site and online work)***This section applies if the student had the chance to go back to the host institution after an interruption.*** |
| from ……………...…..…(*dd/mm/yy)*  to……………..…………(*dd/mm/yy*) | from ……………...…..…(*dd/mm/yy)*  to……………..…………(*dd/mm/yy*) | from ……………...…..…(*dd/mm/yy)*  to……………..…………(*dd/mm/yy*) |

***Notice to host institutions:*** *please note that according to the instructions of the Hungarian National Agency, periods of physical presence in the host country can be covered by the Erasmus grant.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 signature and stamp