



CERTIFICATE OF ATTENDANCE

First Name: _____

Last Name: _____

Sending Institution: University of Miskolc (UM) _____

Host Institution: _____

The above-mentioned UM staff member has completed Pannónia mobility at the Host Institution between the following dates:

Start Date of the Mobility:

.../.../..... (DD/MM/YYYY)

End Date of the Mobility:

.../.../..... (DD/MM/YYYY)

Mobility type

(Please select)

Teaching, number of completed teaching hours: (min. 8 hours)

Training

Research

Name of signatory: _____

Position: _____

Signature: _____

Stamp:

Date: (Country, City, DD/MM/YYYY): _____