**Staff Mobility for Training**

**Academic year 2019 – 2020**

**Certificate of Training**

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| Name of the staff member:  Sending Institution: **National and Kapodistrian University of Athens**  Erasmus Code: **G ATHINE01**  Receiving Institution:  Erasmus Code (if applicable):  Number of training days (min. 5 days): 5  From:  To:  Number of training hours: (min. 8 hours per week): 8  Language of instruction: |

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| Name of the signatory:  Position:  Date:  Signature: Stamp: |

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| Content of the training programme: |