Swiss-European Mobility Programme – Staff Mobility for Training

**Certificate of Attendance**

This is to certify that:

Mr./Ms.                                               (name) has completed a training

at                                                          (name of host institution)

from                                          (dd-mm-20yy)

to                                               (dd-mm-20yy)

Signatory:

Mr./Ms.                                                                   (name)

Function

Place, Date:                                Signature: