**Certificate of Erasmus+ Training Activity**

**STAFF MEMBER**

|  |  |
| --- | --- |
| Family name: |  |
| First name: |  |

**Sending institution**

|  |  |
| --- | --- |
| Country: |  |
| Name of sending institution: |  |
| Faculty/ Department: |  |

**Receiving institution**

|  |  |
| --- | --- |
| Country: | Hungary, HU BUDAPES45 |
| Name of receiving institution: | Budapest Metropolitan University |
| Faculty/ Department: | International Directorate |

This is to certify that the colleague undertook the training assignment under the Erasmus+ KA107 programme at our institution from **……………….** to **……………….** of the 2018/ 2019 academic year.

Main activities:

Name and position:

Signature:

Date: