



Attestation de présence / Attendance certificate

Academic year 2025 /2026

The Receiving Institution (organisme d'accueil)

Name	Erasmus code (if applicable)			
Country	Country code			
"We hereby confirm, that Ms / Mr (Nom de l'étudiant) coming from the institution FCAEN01 will perform an Erasmus+ mobility in our organization:				
from ⁽¹⁾ (dd/mm/yyyy) to ⁽²⁾⁾ (dd/mm/yyyy)				

The actual start and end dates of the study period will be included according to the following definitions:

- 1- The **start date** of the training period is the first day the student has been present at the receiving organization
- **2-** The **end date** of the training period is the last day the student has been present at the receiving organization <u>and not his actual date of departure</u>.

3-

Name and position of the authorised person at the host organization:		
Name:	Function:	
Responsible person's signature:	Date:	
Stamp of the organization (COMPULSARY):		

It is not compulsory to circulate papers with original signatures, scanned copies of signatures or digital signatures may be accepted.

Université de Caen Normandie – Carré International – Pôle Programmes Mobilité Internationale

Esplanade de la Paix - CS14032 - 14032 Caen Cedex 5 - France

Stages: intl.stages@unicaen.fr + 33 2 31 56 54 00