



CERTIFICATE OF ATTENDANCE

[To be completed at the end of mobility]

Personal details

Last name (as on passport): _____

First name (as on passport): _____

EUBrazil Startup UID number: _____

Email address: _____

Mobility details

Home Institution: _____

Host Institution: _____

Date of arrival: ____/____/20____
[day/month/year]

Period of mobility: ____ months

Date of departure: ____/____/20____
[day/month/year]

Course/program: _____

Name, signature and official stamp of the
EMECW coordinator at Host Institution

Signature of the grant holder

Date:

Date:

The original certificate must be sent to the European Partner Institution in charge of the payment of the scholarship to the beneficiary (i.e. the European Home or Host University). A scanned copy must be sent as soon as possible to the Project Coordinator.