

CERTIFICATE OF ATTENDANCE (Vistelseintyg)

HOST INSTITUTION

Name of organization: _____

MOBILITY TYPE

Short blended mobility for traineeship

CERTIFICATE

We hereby confirm, that Ms./Mr. _____
coming from Örebro University (SE OREBRO01) has been present at our organization
between

First day (dd/mm/yy) ____/____/____

Last day (dd/mm/yy) ____/____/____

The student has also participated in a virtual component between

First day (dd/mm/yy) ____/____/____

Last day (dd/mm/yy) ____/____/____

Name and position of the authorized person at the host Institution/Company:

Date (dd/mm/yy): ____/____/____

Signature:

Stamp of the institution/company:

**Please note that the certificate of attendance must be signed at the end
of the mobility.**