



# CERTIFICATE OF ACTIVE PARTICIPATION

## Erasmus+ Programme

Personal Data	
Name:	
Surname:	
Date of birth:	
Home Institution:	

The undersigned representative of the Host Institution hereby  
confirms that the above-mentioned staff member

*has performed a lecture, entitled*

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Date of the lecture:

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Host Institution Data	
Host Institution:	
Address, City, Country:	
Host faculty, department, unit	

Name, Surname, Position of the Host Representative:	Stamp of Host Institution
Signature:	
Date:	