



**ERASMUS+ KA1  
STAFF'S MOBILITY CERTIFICATE  
Academic Year: 20..... – 20.....**

**This is to certify that the following staff member has spent an Erasmus+ period within the Erasmus+ Training mobility scheme at our institution /organization**

**Surname:** .....

**Name:** .....

**Host University/organization:** .....

**Sending University: American University of Cyprus (AUCY)**

**Host Faculty/Department:** .....

**Mobility Period:** .....

**Date:** .....

**Stamp & Signature:** .....

**Name and Position of Responsible Person at Host University/organization:**

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