



Erasmus+

CERTIFICATE OF ATTENDANCE

Name of the host Institution:

IT IS HEREBY CERTIFIED THAT:

Mr..

from the COLLEGE OF EDUCATION AND THERAPY

has been a ERASMUS + student at our institution:

between and

in the Department(s)/ Faculty of: PHYSIOTHERAPY



Date

Stamp and Signature

Name of the signatory:

Function:

To be sent to:

Agata Nieboj – Erasmus Coordinator

international@wseit.edu.pl