



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

**This is to certify that the following student has completed their Erasmus+ Traineeship
Mobility:**

Surname:

Name:

Host Organization:

Sending University: American University of Cyprus (AUCY)

Host Department:

Mobility Period:

Date:

Signature:

Name and Position of Responsible Person at Host Organization:

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