



UNIVERSITY OF LATVIA
DEPARTMENT OF STUDENT SERVICES
INTERNATIONAL MOBILITY UNIT

19 Raina Blvd., Riga, LV-1586; Phone: +371 67034335, +371 67034350; Fax: +371 67243091;
e-mail: ad@lu.lv

CERTIFICATE OF ATTENDANCE
ACADEMIC YEAR 201_ /201_

NAME AND SURNAME OF THE STUDENT:

HOME UNIVERSITY:

HOST UNIVERSITY:

ERASMUS CODE:

ARRIVAL	<i>Arrival Date</i> ____ / ____ / 20 ____ day month year	<i>Stamp of the Host Institution</i>
	<i>Signature of the Host Institution</i> Name: _____ Job title of the signatory: Signature: Place: Date:	
DEPARTURE	<i>Departure Date</i> ____ / ____ / 20 ____ day month year	<i>Stamp of the Host Institution</i>
	<i>Signature of the Host Institution</i> Name: _____ Job title of the signatory: Signature: Place: Date:	

*After arrival at the host institution, the student is requested to have the first part filled in by an international Officer of the Host Institution and send it by mail to the International Office of the University of Latvia.

*At the end of the mobility, the second part has to be filled in by the Host Institution and the student is requested to send it by mail to the International Office of the University of Latvia: **marta.vilkausa@lu.lv**