

**Erasmus+ KA 131  
Staff Mobility for Training (STT)  
Certificate of Stay**

**Academic Year 20**

**Name of sending institution: University of Göttingen (D GOTTING01)**

**Name of participant:** \_\_\_\_\_

**Duration of stay (days):**      **from:** \_\_\_\_\_ **to:** \_\_\_\_\_

**Name of receiving institution:** \_\_\_\_\_

**Erasmus Code:** \_\_\_\_\_

**Date, Place:** \_\_\_\_\_

**Name, function and signature:**

\_\_\_\_\_  
**(Signature of the authorized person at the receiving institution (e.g. Erasmus Coordinator  
International Office or Erasmus Faculty Coordinator))**

**After the mobility, the document has to be uploaded by the teaching staff to the mobility  
portal of the sending institution (International Office of the University of Göttingen).**