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| |  | | --- | |  | | | **ATTESTATION DE PRÉSENCE** *ATTENDANCE CERTIFICATE* | | | | | | | | | | | | |
| **ANNÉE 2019/2020** | | | | | | | | | | | | |
| **ATTENTION** | | | | | | | | | | | | | |
| Document à envoyer par courriel à *dri-attestations@unistra.fr* **À LA FIN DE VOTRE MOBILITÉ** | | | | | | | | | | | | | |
| Document to send back by mail to *dri-attestations@unistra.fr* **AT THE END OF YOUR MOBILITY** | | | | | | | | | | | | | |
| *\*cocher les cases correspondantes* | | | | | | | | | | | | | |
| **1) PROGRAMME DE MOBILITE\* *MOBILITY PROGRAMME*** | | | | | | | | **2) BOURSE(S) DEMANDEE(S)\* *REQUESTED GRANT(S)*** | | | | | |
| ☐ ERASMUS+ (ÉTUDES/STAGE) | | | | | | | | ☐ ERASMUS + ETUDES | | | | | ☐ SOUTIEN UNISTRA |
| ☐ HORS ERASMUS+ (ÉTUDES/STAGE) | | | | | | | | ☐ ERASMUS + STAGE | | | | | ☐ EUCOR – LE CAMPUS EUROPEEN |
| ☐ EUCOR-LE CAMPUS EUROPEEN | | | | | | | | ☐ AMI | | | | | ☐ AUCUN FINANCEMENT |
| ☐ SÉJOUR LINGUISTIQUE | | | | | | | | ☐ IDEX | | | | |  |
| ☐ ÉCOLE D’ÉTÉ | | | | | | | |  | | | | |  |
| **3) COORDONNÉES *CONTACT INFORMATIONS*** | | | | | | | | | | | | | |
| **NOM ET PRENOM DE L’ETUDIANT(E):** | | | | |  | | | | | | | | |
| *Student’s name and surname* | | | | |
| **TÉLÉPHONE:** |  | | | | **E-MAIL**: | | | | |  | | | |
| *Phone number* | *E-mail address* | | | | |
| **COMPOSANTE:** | | | | |  | | | | | | | | |
| *Faculty at the University of Strasbourg* | | | | |
| **ÉTABLISSEMENT D’ACCUEIL:** | | | | |  | | | | | | | | |
| *Host institution* | | | | |
| **CODE ERASMUS (si applicable):** | | | | |  | | **PAYS :** | | |  | | | |
| *Erasmus Code (if relevant)* | | | | | *Country* | | |
| **4) CONFIRMATION DE PRÉSENCE *ATTENDANCE CONFIRMATION*** | | | | | | | | | | | | | |
| **NOUS CONFIRMONS QUE MME/M.** | | |  | | | | | | **A TERMINÉ SA MOBILITE DANS NOTRE ETABLISSEMENT** | | | | |
| *We hereby confirm, that Mrs/Ms/Mr* | | | *ended his/her mobility in our institution* | | | | |
| **DATE DE DERNIER EXAMEN / DERNIER JOUR DE STAGE** | | | | | | | | | | | | | |
| *Date of the last exam / Last day of the internship* | | | | | | | | | | | | | |
|  | | **/** | |  | | | | | | | **/** |  | |
| **NOM DU RESPONSABLE HABILITÉ DE L’ETABLISSEMENT/ENTREPRISE D’ACCUEIL** : | | | | | | | | | | | |  | |
| *Name of the person entitled to sign at the host institution / company* | | | | | | | | | | | |  | |
| **E-MAIL DU RESPONSABLE HABILITÉ:** | | | | | |  | | | | | | | |
| *E-mail of the entitled person* | | | | | |  | | | | | | | |
| **DATE :** | **CACHET DE L’ETABLISSEMENT/ENTREPRISE :** | | | | | | | | | **SIGNATURE :** | | | |
| *Date* | *Stamp of the institution / company :* | | | | | | | | | *Signature :* | | | |
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