*(Academy Logo)*

**CERTIFICATE OF ATTENDANCE**

**It is hereby confirmed that the applicant:**

|  |  |
| --- | --- |
| Full name: |  |
| ID Number (for Cypriot Citizens):  |  |
| Passport number (for non-Cypriot Citizens): |  |
| Passport Country of Issue: |  |
| Passport Expiration Date: |  |
| Academy: |  |
| Title of Degree/Diploma: |  |
| Year of Study:  |  |
| Duration of Studies (years/ semesters): |  |
| Teaching Language: | Greek/English (delete as appropriate) |
| Implementation method: | Physical Presence |
| Duration of required on-board Practical Training: |  |
|  |
| ………………………………………….**Signature and Stamp** | ……………………………………………….**Title of Signatory** |
| ……………………………………………**Name of Signatory** | ………………………………………………**Place and Date** |