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## Certificate of attendance

Name of the student:

Date of birth:

First day of exchange:

Last day of exchange:

Receiving school:

City and country:

Supervisor:

Phone number:

By signing this document, I hereby certify that the student has attended her/his practicum at our school.

Signature..... Date.....

Scanned version and electronic signatures are accepted. Please send the completed form to Teacher Education at Karlstad University. Email: [internationellt.lararutbildningen@kau.se](mailto:internationellt.lararutbildningen@kau.se)