

Certificate No: 0



UNIVERSITY OF THE
AEGEAN

LIFELONG LEARNING CENTRE

CERTIFICATE OF TRAINING

This is to certify that (Father's Name:), with ID:
attended successfully the Training Program

.....

according to the attached Certificate Supplement.

Mytilene,

President of the Council

Scientific Coordinator



.....

.....



CERTIFICATE OF TRAINING SUPPLEMENT

STUDENT'S FULL NAME

.....

STUDENT'S ID

.....

CERTIFICATE NUMBER

.....

AWARDING INSTITUTION

Life Long Learning Center, University of the Aegean

TITLE OF TRAINING PROGRAM

.....

DURATION OF TRAINING PROGRAM

.....

TEACHING METHODOLOGY

.....

ASSESSMENT METHODOLOGY

.....

DURATION OF TRAINING PROGRAM AND CREDIT UNITS

Training Program Sessions	Duration (hours)	ECVET
.....	-	-
.....	-	-
.....	-	-
Total		

President of the Council



Scientific Coordinator

.....
.....

.....
.....