**CERTIFICATE SUPPLEMENT**

Komotini, …../…../……..

|  |  |  |
| --- | --- | --- |
| **FAMILY NAME AND FIRST NAME OF THE HOLDER OF THE CERTIFICATE** | | |
| ΧΧΧΧΧ | | |
| **STUDENT NUMBER OR CODE OF THE HOLDER OF THE CERTIFICATE** | | |
| ΧΧΧΧΧ | | |
| **REFERENCE NUMBER OF CERTIFICATE** | | |
| ΧΧΧΧΧ | | |
| **TYPE OF CERTIFICATE** | | |
| XXXXX (CERIFICATE OF TRAINING/SPECIALIZED TRAINING) | | |
| **NAME OF AWARDING- INSTITUTION AWARDING** | | |
| Training and Lifelong Learning Center of Democritus University of Thrace (TLLC-DUTH) | | |
| **TITLE OF THE PROGRAMME** | | |
| ΧΧΧΧΧ | | |
| **PROGRAMME IMPLEMENTATION TIME PERIOD** | | |
| From…./…../….. to ……/…../….. | | |
| **TRAINING METHOD** | | |
| ΧΧΧΧΧ (PHYSICAL PRESENCE/ON-LINE /BLENDED) | | |
| **EVALUATION METHOD** | | |
| ΧΧΧΧΧ | | |
| **GRADE** | | |
| ΧΧΧΧ | | |
| **DURATION OF TRAINING - CREDITS** | | |
| **MODULES SUCCESSFULLY COMPLETED** | **HOURS** | **CREDITS (ECTS)** |
| ΧΧΧ | ΧΧΧ | ΧΧΧ |
| ΧΧΧ | ΧΧΧ | ΧΧΧ |
| ΧΧΧ | ΧΧΧ | ΧΧΧ |
| **TOTAL** |  |  |

|  |  |
| --- | --- |
| Director of Education | Scientific Coordinator  of the Programme |