**CERTIFICATE SUPPLEMENT**

Komotini, …../…../……..

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| --- |
| **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 Coordinatorof the Programme |