

Confirmation of Stay for Erasmus+ Teaching Mobility

Name of institution: _____

ERASMUS-Code: _____

I herewith confirm that Ms./Mr. _____ (title and name)
has taught _____ hours in the framework of the ERASMUS teaching assignment in our
institution.

Duration of stay (days without travel): _____ from: _____ till: _____

Date, place: _____

(Signature and stamp of the authorized person of the partner institution)