I, ,(name of person in charge) herby confirm that MS./Mr. .....................................................

has taught.........hours in the framework of an Erasmus Teaching Assignment in our institution

(Name of the host institution)

Erasmus code

in the Academic Year

Duration of stay: from until (in days)................

|  |  |
| --- | --- |
| Signature of the authorized person of the partner institution | Stamp |
| Date and Place:................................................................................................................... |