|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I, |  | | | | | | (name of the person in charge) | |
| hereby confirm that | | | | | | | | |
| Ms./Mr. | |  | | | |  | | |
| has taught | | |  | hours | | | | |
| in the framework of an Erasmus Teaching Assignment in our institution | | | | | | | | |
| in the academic year | | | | |  | | | . |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the host institution: | |  | |  |
| Erasmus code: |  | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Duration of stay (in days): | from |  | until |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date and Place |  | Stamp and signature of the authorized person of the partner institution |