|  |  |  |
| --- | --- | --- |
| 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 |