



**LETTER OF CONFIRMATION
FOR STAFF MOBILITY FOR TEACHING**
(TEILNAHMEBESCHEINIGUNG FÜR ERASMUS-PERSONALMOBILITÄT ZU LEHRZWECKEN)

Academic Year _____

TO WHOM IT MAY CONCERN

I herewith confirm that

NAME AND TITLE OF PARTICIPANT

has taught

_____ hours in the framework of the Erasmus+ mobility agreement and did

NUMBER OF HOURS TAUGHT

_____ hours of training¹ at our institution.

NUMBER OF TRAINING HOURS

NAME OF INSTITUTION

ERASMUS-CODE (if applicable)

Duration of stay (working days) from _____ to _____.

Number of actual training or working days _____

Please enter the date of the last day of training otherwise, the document cannot be accepted!		
Date	Place	
Signature of the authorized person of the partner institution		Stamp

¹ There are two options for the stay to be eligible:

- 1) Minimum 8 hours of teaching per week or shorter stay (in this case the field "number of training hours" can be filled in with „0“ or left blank).
- 2) Minimum 4 hours of teaching and 4 hours of training per week or shorter stay.