**LETTER OF CONFIRMATION**

**FOR STAFF MOBILITY FOR TEACHING**

(TEILNAHMEBESCHEINIGUNG FÜR ERASMUS-PERSONALMOBILITÄT ZU LEHRZWECKEN)

Academic Year 2016/2017

TO WHOM IT MAY CONCERN

**I herewith confirm that**

NAME AND TITLE OF PARTICPANT

**has taught**

**in the framework of the Erasmus+ mobility agreement**

NUMBER OF HOURS TAUGHT

**at our Institution.**

NAME OF INSTITUTION ERASMUS-CODE (if applicable)

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

(DAY/MONTH/YEAR) (DAY/MONTH/YEAR)

**Number of actual working days**

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