**ERASMUS STAFF MOBILITY FOR TEACHING**

**CONFIRMATION**

**Academic year:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Teacher’s last name (s)** |  | **Teacher’s first name (s)** |  |
| **Sending Institution** |  | **Receiving Institution** |  |
| **Confirmation of the teaching period at Receiving institution: dates of activity excluding travel** | | | |
| **Start day**  **(day/month/year)** |  | **End day**  **(day/month/year)** |  |
| **Total number of**  **working hours** |  | **Language of teaching** |  |
| **Level of teaching** | Bachelor (1st) **☐**  Bachelor (1st) **☐** | Master (2nd) **☐**  Master (2nd) **☐** | Doctorate (3rd) **☐**  Doctorate (3rd) **☐** |

|  |
| --- |
| Name, surname and signature of Responsible person in **Receiving Institution** and date  Name, surname: Signature:  Date: |