

**LETTER OF CONFIRMATION for**

**ERASMUS+ STAFF MOBILITY for TEACHING**

**ACADEMIC YEAR 20….. – 20……**

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(Name of the Receiving Institution/Enterprise) (Erasmus code)

**hereby confirms that**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title and Name of the Participant)

**has provided teaching on the following subject (STA)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of the Teaching Topic)

Number of Teaching Hours (not less than 8 hours per week): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

from \_\_\_\_\_\_\_\_\_\_\_\_\_ - to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date & Place :

Signature of the authorized person of the Receiving Institution: