**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 dateName, surname: Signature:Date:  |