***Erasmus+ Staff Mobility for Teaching***

**Letter of Confirmation**

It is hereby approved that

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

name surname

has completed teaching mobility activities at

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

institution

between the following dates

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ and \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ day / month / year day / month / year

in the department(s) of

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

 …………………………… …...………..……………………..

 /Date/ /Signature & *Stamp (if applicable)/*

Name of signatory: ……………………………………………………

Function: ……………………………………………………………….