

ERASMUS+

Letter of confirmation for Teaching Mobility

Academic Year 2017/2018

To whom it may concern

Name of institution:	
ERASMUS–Code:	
herewith confirm that Ms./Mr	(title and name)
as taught hours in the framework of the	e ERASMUS+ teaching mobility
n our institution.	
Ouration of stay (days): from:	till:
Date, place:	
(Signature and stamp of the authorize	ed person of the partner institution)