



ERASMUS

LETTER OF CONFIRMATION

Staff Mobility for Teaching - STA

Academic Year: _____

Name of Host Institution/Enton	un vico :	
Erasmus Code (if applicable):		
I hereby confirm that Ms. / Mr		
from (home institution)		
has taught hours in the fram	nework of an Erasmus St	aff Mobility for Teaching in our
institution.		
The content of the teaching (one, t	two sentences description	n, please):
Duration of physical teaching (in days):	
From	until	
If applicable (due to COVID-19/tead	ching within BIP), period	of online/virtual teaching:
From	until	
Date	Place	
Signature of the authorized person of the receiving institution/enterprise		Stamp