



Erasmus+

Confirmation of Stay for Teaching Assignment STA

Academic Year 2019

To whom it may concern

Name of Institution: _____

Erasmus Code: _____

It is herewith confirmed that Mrs./Mr. _____

has spent _____ days (number of working days) in the framework of the Erasmus+ teaching staff mobility in our institution, from: _____ to: _____ at: _____ (name of host institution).

Teaching Assignment, number of days: _____

Number of Teaching Hours: _____

Number of travel days (without teaching): _____

Date, Place:

Signature and stamp of an authorized person of the partner institution