Erasmus+

Confirmation of Stay for Teaching Staff

Academic Year 2025/26

Name of receiving institution: _____

Erasmus code of receiving institution: _____

I herewith confirm that: _____ (title and name)

has been in our institution.

Duration of stay (days, excluding travel days): _____ from: _____ till: _____

Number of teaching hours: _____

Date, place: _____
(Signature and stamp of the authorized person of the partner institution)