

# Certificate of Attendance

## Staff Mobility for Teaching

**Academic Year** .....

### ***To whom it may concern***

Name of institution .....

ERASMUS-code .....

I herewith confirm that

Ms./Mr. (title and name) .....

has taught hours<sup>1</sup> ..... in the framework of the ERASMUS+ teaching assignment

in our institution .....

Duration of stay (days) ..... from<sup>2</sup> ..... to<sup>3</sup> ..... physical mobility

Duration of stay (days) ..... from<sup>4</sup> ..... to<sup>5</sup> ..... virtual mobility

Name of Signatory .....

Function .....

..... Place Date Signature, stamp

<sup>1</sup> Minimum of 8 hours of Teaching per week (or any shorter period of stay)

<sup>2</sup> First day the participant needs to be present at the receiving institution (physical mobility)

<sup>3</sup> Last day the participant needs to be present at the receiving institution (physical mobility)

<sup>4</sup> First day the participant needs to be present at the receiving institution (virtual mobility)

<sup>5</sup> Last day the participant needs to be present at the receiving institution (virtual mobility)