**Erasmus Programme: Staff – Teaching Mobility**

**Confirmation of Participation**

It is hereby confirmed that

Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of teacher/staff member)

Home University: University of Bremen – D BREMEN01 has taught at our institution.

Teaching Period at host institution in the framework of the Erasmus Programme:

First Working Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(day, month, year)

Last Working Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(day, month, year)

Duration of Teaching \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(hours)

Name of receiving Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Erasmus Code of receiving Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Function of Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp:

**Please note:**

**This form has to be signed at the end of the teacher‘s ERASMUS stay**