

Nach der Reise zurück an:

International Office der WWU

Schlossplatz 3

ERASMUS+**Letter of confirmation****Staff mobility for teaching and training****Academic Year**

I herewith confirm that Ms/Mr _____

was in our institution _____

ERASMUS–Code:

/ PIC:

Time of stay [working days]: _____ till _____

Duration of stay - working days: _____

Language of instruction: _____

Teaching Staff only:

Number of teaching hours: _____

Number of students at the receiving
institution benefiting from the teaching _____**The Receiving Institution/Ente**

Name of the authorized person _____

Place, Date_____
Signature of the authorized person**Stamp/Seal of the partner institution:**