CONFIRMATION LETTER FOR ERASMUS+ GUEST LECTURES ABROAD

This is to confirm that ____________________________________________________________

has taught a guest lecture at our institution in the framework of the ERASMUS+ teaching program. Details are provided as follows:

Name of host institution: _______________________________________________________________________________________

City and country of host institution: _______________________________________________________________________________________

ERASMUS code of host institution: _______________________________________________________________________________________

Duration of stay of the guest lecturer (days): _____
(Must be between 2 and 60 days)

➢ Start date (dd/mm/yyyy): _____/_____/20__
(The first day that the lecturer was present at the host institution in order to carry out activities as described in the Mobility Agreement – Teaching)

➢ End date (dd/mm/yyyy): _____/_____/20__
(The last day that the lecturer was present at the host institution in order to carry out activities as described in the Mobility Agreement – Teaching)

➢ It is expected that activities directly related to the mobility program are scheduled for every single day of the lecturer’s stay.

Number of teaching hours (total): __________
(Must be a minimum of 8 hours of instruction for the first week or increment thereof. Guest lecturers staying for more than 7 days can calculate the teaching hours for the additional days as follows: 8 hours divided by 5 days multiplied by the number of additional days. E.g. 3 day stay: minimum of 8 hours of instruction; 7 day stay: minimum of 8 hours of instruction; 8 day stay: minimum of 9,6 hours of instruction; 9 day stay: minimum of 11,2 hours of instruction)

Main language of instruction: _______________________________________________________________________________________

Title of guest lecture: _______________________________________________________________________________________

_________________________________________________________________________________________

Name of signatory: _____________________________________________________________

Function of signatory: _____________________________________________________________

Date, place: _____________________________________________________________
(Must be signed no earlier than on the day specified above as the end date of the mobility program.)

_________________________________________________________________________________________

Stamp and signature of authorized person at host institution