****

**Confirmation of Erasmus + Mobility of the teaching period**

**2018/2019**

TEACHER

|  |  |
| --- | --- |
| Family name: |  |
| First name: |  |

SENDING INSTITION

|  |  |
| --- | --- |
| Country: |  |
| Name of sending instituion: |  |
| Faculty/Department: |  |

RECEIVING INSTITUTION

|  |  |
| --- | --- |
| Country: | Slovakia |
| Name of receiving institution: | Pavol Jozef Šafárik University in Košice |
| Faculty/Department: |  |

This is to certify that the teacher undertook the teaching mobility under the Erasmus + programme at our instituion from …………….. to ……………. of the 2018/2019 academic year. The total number of teaching hours delivered at our institution was …… .

Main content of the teaching period (name of the lecture/seminar, other activities):

Date: **…………….……..**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Erasmus departmental/institutional coordinator)