

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

**2024/2025**

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 institution from …………….. to ……………. of the 2024/2025 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 by:

(responsible person for the Erasmus+ programme)

Signature and stamp: