

*TEACHER*

# Confirmation of stay

**ERASMUS+ STAFF MOBILITY FOR TEACHING**

Academic year …………/……

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

*SENDING INSTITUTION*

|  |  |
| --- | --- |
| Country: | **Poland** |
| Name of sending institution: | **Kielce University of Technology (PL KIELCE01)** |
| Faculty/Department: |  |

*RECEIVING INSTITUTION*

|  |  |
| --- | --- |
| Country: |  |
| Name of receiving institution: |  |
| Faculty/Department: |  |

This is to certify that Ms/Mr ……………………………… teaching staff member of Kielce University of Technology took part in teaching activities at

……………………………………………................................................................

from …………….......… till …..................…………… and lectured **8 hours.**

Date:

Signed: