**ERASMUS+**

Letter of Confirmation for Staff Mobility for Teaching

Academic Year 20….. /20…..

To whom it may concern

Name of host higher education institution: ……………………………………………………………………….

Erasmus Code: ………………………………………

I hereby confirm that (name of participant) .……………………………………………………………………from Paracelsus Medical University (A SALZBUR19) has taught ……… hours in the framework of an Erasmus+ Staff Teaching Assignment in our institution.

Duration of stay (in days, **excluding** travel and interruption day/s): …………….……
from: ……………………………………………………… until: ……………………………………………………

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| Name and signature of the authorized person in the host institution |  | Place, date, and stamp |