

CERTIFICATE OF ERASMUS STAFF MOBILITY FOR TRAINING AND TEACHING ASSIGNMENT

COMPROVATIVO DE MISSÃO ENSINO/FORMAÇÃO ERASMUS

(Documento obrigatório / Compulsory document)

A ser preenchido pela instituição de acolhimento. To be fulfilled by host institution.



STAFF MEMBER:

Full Name: _____

SENDING INSTITUTION:

ERASMUS CODE: _____

Name: _____

Country: _____

RECEIVING INSTITUTION/ORGANIZATION:

ERASMUS CODE: (if applicable) _____

Name: _____

Country: _____

I _____ (name), _____ (function) hereby confirm that the above beneficiary _____ (name) undertook the teaching/training mobility under the Erasmus⁺ Programme at _____ (name of institution/organization), from ____/____/____ till ____/____/____ (date of arrival and departure) holding a total of ____ (number of days) days of mobility.

Date: _____, ____/____/____

Signature

Stamp of Institution/Organization