

**CERTIFICATE OF ATTENDANCE TEACHING STAFF MOBILITY**

**2024-2025**

**Surname and forename of visiting staff:**

**…………………………………………………..….………………………………………………………………**

**Institution visited:**

**………………………………………………………………………………………………………………………**

**ERASMUS code: ………………………………**

**Subject area name: .………………………………………………………………………………………**

**Department visited: ……………………………………………………………………………………….**

**Date of the teaching activities:** from (day/month/year)until (day/month/year) ................................................................................................................................

**Duration of the activity** (in days)**:** …………… at the hosting university

**Number of teaching hours:** ...................................

**Language of instruction:** ......................................................................................

# Level of teaching (under-graduate, post-graduate, doctoral):………………………………………….

**Content of the teaching programme** (course titles, didactic methodology, hours number…)

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Date and Signature: ............................................... Stamp