Erasmus+ KA103 – Call 2020
Erasmus Stay Confirmation
Teaching/Training Staff Mobility

- Name of the Participant:
- Home institution:
- Host institution:
- Erasmus code:
- Period of the mobility (excluded travel): from till
- Teaching hours:
- Training activities □
  (only if the teaching activity is combined with training activities)

Name, surname and function of the signatory at the host University
____________________________________________________
Signature
____________________________________________________
Stamp
____________________________________________________