# **Confirmation of ERASMUS + Staff mobility for teaching**

ACADEMIC STAFF

|  |  |
| --- | --- |
| Last name: |  |
| First name: |  |

SENDING INSTITUTION

|  |  |
| --- | --- |
| Country: | **Poland** |
| Name of the sending institution: | Bielsko-Biała University of Applied Sciences (PL BIELSKO04) |
| Faculty/Department: | Faculty of Social Sciences and Technology |

RECEIVING INSTITUTION

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

|  |  |
| --- | --- |
| First day of the mobility: |  |
| Last day of the mobility: |  |
| Number of teaching hours: |  |

**This is to certify that the above named person performed Erasmus+ staff mobility for teaching at our institution according to the pre-approved mobility programme.**

Place and date:

Signature and stamp of the responsible person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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