



UNIVERSITY OF  
APPLIED SCIENCES IN NYSA

Academic Year .....

## CONFIRMATION – Teaching Mobility

*To whom it may concern*

We herewith confirm that Ms/ Mr.

*(title and name)*

has realized teaching staff mobility in the framework of the Erasmus Plus Programme in the

*(name of receiving institution)*

Duration of stay: \_\_\_\_\_  
*(number of days)*

Number of teaching hours: \_\_\_\_\_

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*(Signature and stamp of the hosting institution)*