*Załącznik nr 15 do Regulaminu*



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(stamp of the receiving institution)

**CONFIRMATION OF TEACHING**  
**STAFF TRAINING MOBILITY (STA)**

**ACADEMIC YEAR 20.../20...**

Please kindly complete the fields provided below and subsequently verify by submitting the signature of a representative of the host university.

Mobility participant's name and surname:

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Teaching University (with ERASMUS code):

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Teaching Department:

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Dates of teaching: from (day/month/year) ....................................................................................................

until (day/month/year) ..................................................................................................

Duration of the teaching (in days): ......................................................................................................................

Language of the teaching: ......................................................................................................................................

Subject area: ...................................................................................................................................................................

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

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

# ............................................................................................................................................................................

# Course title and didactic methodology (lecture, seminar etc.)

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