**ERASMUS**

Letter of Confirmation for Staff Mobility for **Teaching**

Academic Year 2024/2025

To whom it may concern

Name of host institution:………………………………………………………………………………………………..

I hereby confirm that Ms. / Mr.
from **Fachhochschule Salzburg**

has taught ……… hours in the framework of an Erasmus Teaching Assignment in our institution.

Duration of stay (in days): ……… (excl. …… interruption day/s),
from: ………………………………………………………… until: ……………………………………………………

Date Place ……

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of the authorized person of the partner institution |  | Stamp |

