

**Confirmation of Erasmus+ Teaching Mobility**

**TEACHER’s PERSONAL DETAILS**

Name:

Family Name:

**SENDING INSTITUTION**

Name: Jan Kochanowski University in Kielce

Erasmus code: PL KIELCE02

Address: Żeromskiego 5, 25-369 Kielce, Poland

Faculty/Department:

**RECEIVING INSTITUTION**

Name:

Erasmus code:

Address:

Faculty/Department:

This is to certify that the teacher completed the teaching assignment under the Erasmus+ programme at our University during the period indicated below:

Arrival Date:

Departure Date:

Teaching Hours:

Place, date

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(Signature and stamp of the authorized person from receiving institution)