[ university’s logo ]

**Confirmation of Erasmus+ Teaching Mobility**

**LECTURER**

Name:

**SENDING INSTITUTION**

Name: Jan Kochanowski University of Kielce

Erasmus code: PL KIELCE02

Address: Żeromskiego 5, 25-369 Kielce, Poland

Faculty/Department: Collegium Medicum

**RECEIVING INSTITUTION**

Name:

Erasmus code:

Address:

Faculty/Department:

This is to certify that the above-mentioned completed a teaching assignment in the field of …… under Erasmus+ programme, based on the Mobility Agreement for Teaching during the period from ……. to ….. April 2025 . The lecturer conducted 8 hours of academic teaching.

 *Place and Date*

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

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