# **Confirmation of Erasmus+ Teaching Mobility**

TEACHER

|  |  |
| --- | --- |
| Family name: |  |
| First name: |  |

SENDING INSTITUTION

|  |  |
| --- | --- |
| Country: | **Czech Republic** |
| Name of sending institution: | **Charles University** |
| Faculty/Department: |  |

RECEIVING INSTITUTION

|  |  |
| --- | --- |
| Country: |  |
| Name of receiving institution: |  |
| Faculty/Department: |  |

This is to certify that the teacher undertook the teaching mobility under the Erasmus+ programme at our institution **from** \_\_\_/\_\_\_/\_\_\_ **to** \_\_\_/\_\_\_/\_\_\_ of the **2018/2019** academic year.

The total **number of teaching hours** delivered at our institution was \_\_\_\_\_ .

Main content of the teaching mobility

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp: