TEACHER

|  |  |
| --- | --- |
| Family Name: |  |
| First Name: |  |

SENDING INSTITUTION/ENTERPRISE

|  |  |
| --- | --- |
| Country |  |
| Name of Sending Institution |  |

RECEIVING INSTITUTION

|  |  |
| --- | --- |
| Country | POLAND |
| Name of Receiving Institution  ERASMUS Code | University of Life Sciences in Lublin, PL LUBLIN04 |
| Faculty/Department |  |

This is to certify that the above mentioned person undertook the Staff Mobility for Teaching Assignments under the Erasmus Plus programme at our institution in the period from……………….. to……………………… of the academic year 2020/2021 in the form:

|  |
| --- |
| TYPE OF MOBILITY:  full time at the receiving institution  full time at the receiving institution carried out online  blended (from …..to…..at the receiving institution and from….to…..remotely from sending institution)  remote |

with number of ……………teaching hours

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Level of teaching | | | Number of students | Language of teaching |
| Bachelor   |  | | --- | |  | | Master   |  | | --- | |  | | Doctorate   |  | | --- | |  | |  |  |

Main content of the teaching period (including course title and course type):

(applicable course type i.e.  lecture,  classes,  seminar,  other, please specify …………)

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| ………………………………………….……………………  Signature and stamp of the representative of Host Unit  *Place and date…………………………………………* |  | ………………………………………….…………………  *Signature and stamp of the Erasmus Coordinator*  *Place and date…………………………………………* |
|  |  |  |