PROJECT NO.: 2024-1-PL01-KA171-HED-000203161

TEACHER

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

SENDING INSTITUTION/ENTERPRISE

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

RECEIVING INSTITUTION

|  |  |
| --- | --- |
| Country | POLAND |
| Name of Receiving InstitutionERASMUS 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+ Programme at our institution in the period from dd/mm/yyyy to dd/mm/yyyy of the academic year 2024/2025 with number of…(number of hours)… teaching hours.

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

|  |
| --- |
|  |

 | Master

|  |
| --- |
|  |

 | Doctorate

|  |
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|  |

 |  |  |

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

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

(Title + number of hours – 2 hours):

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*

|  |  |  |
| --- | --- | --- |
| ………………………………………….……………………Signature and stamp of the representative of Host Unit *Lublin, dd/mm/yyyy (the last working day of the mobility)* |  |  ………………………………………….………………… *Signature and stamp of the Erasmus+ Coordinator* *Lublin, dd/mm/yyyy (the last working day of the mobility)* |
|  |  |  |