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 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+ 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   |  | | --- | |  | |  |  |

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):



|  |  |  |
| --- | --- | --- |
| ………………………………………….……………………  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)* |
|  |  |  |