

**EEA Grants STAFF MOBILITY**

**2016/2017**

LETTER OF CONFIRMATION

This is to certify that

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Prof. | Dr. | Mr. | Ms. |

Family name:

First name:

Department:

Faculty:

SZEGEDI TUDOMÁNYEGYETEM HU SZEGED01

has successfully accomplished his/her planned teaching/visiting programme at our institution.

Teaching period: from ....../…......../201… to ....../........../201... ( ..... days, …. teaching hours).

Name and the ERASMUS+ code of the host institution:

|  |  |  |
| --- | --- | --- |
| **Confirmation of the receiving institution** | Place: | Date:  |
| Name: |  |
| Signature |  |
| Title | Stamp |