**ERASMUS+ Staff Mobility for Teaching (STA)**

**Confirmation of Stay at the Receiving Institution**

Sending institution: Witten/Herdecke University

Erasmus code: D WITTEN02

Receiving institution:

Erasmus code:

Name of signatory at receiving institution:

Position of signatory at receiving institution:

Name of mobility participant:

**To** **be filled in at the end of the mobility period**

The mobility participant carried out teaching activities at our institution

from (dd/mm/yyyy) to (dd/mm/yyyy).

The teaching load amounted to hours.

Signature and stamp of receiving institution