***SAMPLE FORM***

*Host university letterhead*

**ERASMUS+

STA – TEACHING STAFF MOBILITY
ACADEMIC YEAR 20XX/20XX

CONFIRMATION**

***To whom it may concern***

We herewith confirm that Ms/ Mr. XX

*(title and name)*

has taught XX hours in the framework of the

**Erasmus+ Mobility Agreement**

**Staff Mobility For Teaching**

signed between

**AST National Academy of Theatre Arts in Krakow (PL KRAKOW11)** *(name of sending institution)*

and

**XX** *(name of receiving institution)*

Duration of stay:

*(from day/month/year to day/month/year)*

*(Signature and stamp of the hosting institution)*