**Confirmation of Erasmus+ staff mobility for Teaching**

**Teaching Staff**

**Name:**

**Sending Institution**

**Name:** Instituto Politécnico de Portalegre

**Erasmus + Code:** P PORTALE01

**Country:** Portugal

##### Receiving Institution

**Name:**

**Erasmus + Code:**

**Country:**

This is to certify that the beneficiary undertook the teaching mobility under the Erasmus+ Programme at our Institution from (dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_ to (dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_.

During this period, the beneficiary was responsible for teaching \_\_\_\_\_ hours on the following topics:

|  |
| --- |
|  |

Date:

Stamp and Signature:

Name of signatory:

Function: