



Confirmation of Stay ERASMUS+ Staff Mobility

This is to certify that Ms./Mr			
		(title, first name, last name)	
member of the U	Jniversity of Konstanz, Germ	any,	
□ has given lect	ures of hours in the fra	ame of ERASMUS + Teaching Mobility	
□ has spent an i	ntensive work-shadowing at	the host department	
□ has regularly a	attended the offered program	mes with our "Staff Week"	
Date of Arrival:	//		
Date of Departu	re:// exact date (dd/mm/yy)		
(name of host institution)		(ERASMUS ID code of the host institution)	
(date)	(name of signatory)	Stamp	
signature host institution			