**Confirmation of Erasmus Staff Mobility for Teaching / Training****[[1]](#footnote-1) in the 20… /20… academic year**

|  |  |
| --- | --- |
| **Type of data** | **Data** |
| Participant’s name |  |
| Sending Institution | Medical University of Bialystok  ul. Jana Kilińskiego 1, 15-089 Białystok, Poland  phone no. +48 85 748 54 15  e-mail: international@umb.edu.pl |
| Receiving Institution |  |
| Type of mobility1 | Staff Mobility for Teaching  Staff Mobility for Training |
| Title of the course / subject of the training |  |
| Duration of the mobility  (DD/MM/YYYY) | From \_\_ / \_\_ /\_\_\_\_\_ to \_\_ / \_\_ /\_\_\_\_\_ |
| Total number of teaching hours[[2]](#footnote-2) |  |

We hereby confirm that the above mentioned participant, the employee of Medical University of Bialystok took part in the above mentioned Staff Mobility for Teaching / Training1 organized by our institution in the framework of the Erasmus+ Staff Mobility for Teaching/Training1 action and completed the training / teaching\* program set in the Mobility Agreement.

**Date……………………………**

**Signature and stamp of the receiving institution*…………………………………………………***

1. Mark as appropriate [↑](#footnote-ref-1)
2. In the case of Staff Mobility for Teaching [↑](#footnote-ref-2)