PROGRAMMA ERASMUS+ A.A. 2019-2020

STA – Teaching Staff Mobility - Mobilità docente per visite di insegnamento

I, ____________________________________________
(person in charge of teaching mobility)

of _______________________________________
(host university)

(ERASMUS code) _________________________
(country)

CERTIFY THAT:

Dr./Prof. ___________________________________ of the University of Salento lectured

at __________________________________________
(host center: Faculty, Department, Institute, etc.)

Of this institution as part of the ERASMUS+, programme (2019/2020 academic year) on:

__________________________________________
(subject)

between __________________ and _______________ (_________ days) for an average

(start date:d/m/y) __________________________ (end-date:d/m/y) __________________________
(total days)

of ___________ hours per week.

Signature: __________________________________

Stamp: ____________________________________

____________________  _____________________
(place)                   (date)