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ERASMUS+ PROGRAMME - STA (Staff Mobility for Teaching)

Academic Year

Certificate of Attendance

The present document shall be completed by the responsible person at the International Office / Erasmus+ Office of the Host institution.

I hereby confirm that Mr / Mrs
(Family name, First name)

Lecturer of the HAWK Hochschule Hildesheim/Holzminden/Göttingen [D HILDESH02] , spent his / her period of teaching

from to
(dd.mm.yyyy) (dd.mm.yyyy)

at
(Name of Host Institution)

ERASMUS+ Code:

Faculty / Department:

Teaching assignment, number of days:

Number of teaching hours:

Number of travel days (without teaching):

Date:

Place:

Name and status:

Signature / Stamp: