**CONFIRMATION**

**20…/20…**

We hereby confirm that Mr/Ms…………………………….

*(title and name)*

has completed his/her mobility programme in the framework of the Erasmus+

Staff Mobility for Teaching / Staff Mobility for Teaching and Training *(wybrać właściwe)*

signed between

UNIVERSITY OF OPOLE, POLAND, (PL OPOLE01)

*(name of sending institution, country, Erasmus code)*

and

 *(name of receiving institution, country, Erasmus code)*

Duration of stay: from ……………. till ………………………

The total number of teaching hours delivered at the receiving institution:……..

*(number of hours)*

*(Signature and stamp of the hosting institution)*