***To whom it may concern***

We herewith confirm that Mrs./ Mr.

 *(title and name)*

□ has performed \_\_\_\_\_hrs. of lectures

OR

□ has performed \_\_\_\_\_hrs. of lectures and participated in \_\_\_\_\_\_\_\_ hrs. training improving teaching competences in the framework of the ERASMUS+ Teaching staff mobility (STA)
Inter-institutional agreement signed between

**Academy of Applied Science in Wroclaw ( former name University of International Relations and Social Communication) (PL CHELM02)**

*(name of sending institution)*

and

*(name of receiving institution)*

Duration of mobility: start\_\_\_\_\_\_\_\_\_\_\_\_ end\_\_\_\_\_\_\_\_\_\_\_\_\_ days:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(date) (date) (number of days)*

**Lectures** *(title and hours):*

**1**

**2.**

**3.**

**4.**

**5.**

**6.**

**7.**

**8.**

**Description of the training program improving teaching competences:**

**…………………………………………………………………………………………………….….......**

**…………………………………………………………………………………………………….……...**

**……………………………………………………………………………………………………….…...**

**………………………………………………………………………………………………….………...**

Name:……………………………………………… Stamp of Institution:

Position …………………………………………….

Signature…………………………………………… Date…………………….