 

**CERTIFICATE OF STAY FOR**

**ERASMUS+ TEACHING MOBILITY**

We hereby confirm that Ms/Mr

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| --- |
| Name of the teacher:  |
| Home university: **TRNAVA UNIVERSITY IN TRNAVA/SK TRNAVA01** |

 has taught ……………... hours in the framework of the Erasmus+ Teaching staff assignment between Trnava

 University in Trnava and ……………..……………..……………..……………..…………….. .

Duration of stay (days without travel)

|  |  |
| --- | --- |
| from (day/month/year) | to (day/month/year) |
| Name and function of the signatory |
| Signature | Date and official stamp |

*Please bring/send original document to Erasmus Office of Trnava university within 5 days upon you return.*