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| CARTA INTESTATA ISTITUTO OSPITANTE | To  Università degli Studi di Firenze  Piazza San Marco 4  50121 Firenze (ITALY) |

CONFIRMATION OF MOBILITY PERIOD

We herewith confirm that Prof./Ms./M. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(name and surname)*

from Università degli Studi di Firenze – Erasmus Code I FIRENZE01

has spent a Teaching Staff Mobility in the framework of the Erasmus KA131 Programme at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(name of the host institution and Erasmus Code)*

from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(day/month/year) (date: day/month/year)\*

He/She has followed the following programme:

* Teaching
* Teaching + Training

Number or teaching hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(min 8/week for Teaching Mobility, min 4/week for Teaching+Training Mobility)*

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| --- | --- |
| Signature |  |
| name and function of the signatory |  |
| Place and date |  |
| Seal |  |