

Anexa 5



University of _____
City, Date

Letter of Confirmation

STAFF MOBILITY FOR TEACHING (STA)

This is to certify that Mrs./Mr. _____
(name of Beneficiary)

from „Gheorghe Asachi” Technical University of Iasi (RO IASI05), has carried out
teaching activity at the University _____ ()
(name of the host institution and faculty) (OID/Erasmus code)

within the framework of the ERASMUS+ Program (KA131 action), as agreed in the
proper STA Program prepared before the mobility.

Physical mobility: dd/mm/yyyy: _____ dd/mm/yyyy: _____

Virtual mobility (if applicable): dd/mm/yyyy: _____ dd/mm/yyyy:

Teaching days: _____

Total number of teaching hours: _____

Language of teaching: _____

The activities mentioned above have been carried out
within the ERASMUS+ KA131 program.

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(institutional stamp)

(name, function and signature of the Organizer)