



MEDIZINISCHE
UNIVERSITÄT
INNSBRUCK



Nationalagentur
Lebenslanges Lernen
National Agency for
Lifelong Learning

ERASMUS

Letter of confirmation for Teaching Assignment Academic Year 2019/20

To whom it may concern

Name of host institution:

Erasmus Code:

I hereby confirm that Ms. / Mr.

from (home institution)

has taught hours in the framework of an Erasmus Teaching Assignment in our
institution.

Duration of stay (in days):, from: until:.....

Date

Place

.....
Signature of the authorized person of the
partner institution

.....
Stamp



GD Bildung und Kultur
Programm für lebenslanges Lernen

This project has been funded with support from the European
Commission.

Bestätigung STA_v2011-05-27_freigegeben