



MEDIZINISCHE
UNIVERSITÄT
INNSBRUCK



ERASMUS

Letter of confirmation for Teaching Assignment Academic Year 2024/25

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 (KA 131) in
our institution.

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

Date

Place

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

.....
Stamp



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