**Confirmation of Erasmus+ teaching/training activity**

LECTURER

|  |  |
| --- | --- |
| Family name: |  |
| First name: |  |

Sending institution

|  |  |
| --- | --- |
| Country: | Hungary, HU BUDAPES45 |
| Name of sending institution: | Budapest Metropolitan University |
| Faculty/ Department: |  |

Receiving institution

|  |  |
| --- | --- |
| Country: |  |
| Name of receiving institution: |  |
| Faculty/ Department: |  |

This is to certify that ……………………………… completed the teaching/training activity under the Erasmus+ programme at our institution,

**from to**

of the 20../ 20.. academic year. In case of mobility for teaching the number of teaching hours delivered at our institution was ….

Main content of the teaching/training activity (name of the lecture/ seminar, meetings, other activities):

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Erasmus+ coordinator/Responsible Person