

Erasmus+ Programme – STA (Staff Mobility for Teaching)

Certificate of Attendance

Academic Year 20__

Name of home institution: University of Göttingen (D GOTTING01)

Name of Lecturer: _____

Duration of stay (days): from: _____ to: _____

Name of receiving institution: _____

Erasmus Code: _____

Faculty / Department: _____

Teaching assignment, number of days: _____

Number of teaching hours: _____

Number of travel days (without teaching): _____

Date: _____

Place: _____

Name and status: _____

Signature / Stamp: _____

(The present document shall be completed and signed by the responsible person at the International Office of the Host institution.)

The original document has to be returned by the lecturer to the International Office of the University of Göttingen.