

Erasmus+ KA 131
Staff Mobility for Teaching (STA)
Certificate of Stay

Academic Year 20 _____

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

Name of teaching staff: _____

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

Name of receiving institution: _____

Erasmus Code: _____

Faculty / Department: _____

Number of teaching days without travel days: _____

Number of teaching hours: _____

Date and Place: _____

Name and status: _____

Signature:

(Signature of the authorized person at the receiving institution (e.g. Erasmus Coordinator International Office or Erasmus Faculty Coordinator))

After the mobility, the document has to be uploaded by the teaching staff to the mobility portal of the sending institution (International Office of the University of Göttingen).