



Academic year

Confirmation of Stay for Staff
To be completed by the host institution:

It is hereby certified that

Mrs. Mr.

Home University: Katholische Hochschule Mainz (D Mainz05)

- taught hours/week
 completed a training

from (dd/mm/yyyy):

to (dd/mm/yyyy):

Host institution
(if applicable incl.
Erasmus+ code):

Name of signatory:

Function:

Date:

Stamp and Signature:

Please note that this certification should be filled in at the end of the stay!