**ERASMUS+ Learning Mobility**

**Letter of Confirmation for Stay Abroad - STT**

This form is to verify the exact data of the ERASMUS+ / Creditmobility teaching period abroad. It has to be signed by the ERASMUS coordinator / responsible person of the host university.

|  |
| --- |
| **Name of Teaching Staff** |
| Last Name: |
| First Name: |
| Sending Institution: Óbuda University, HU BUDAPES16 |

|  |
| --- |
| **Details about teaching stay abroad** |
| Name of Host University: |
| ID code of Host University  (Erasmus or PIC): |
| Name and Function of Signatory: |
| E-Mail: |

|  |
| --- |
| **Dates of Guest Lecture (Please indicate exact dates)** |
| Date of Arrival: |
| Date of Departure: |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date, Place Signature and Stamp

ERASMUS Coordinator /Responsible person

Host University