**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.

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

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

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

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Date, Place Signature and Stamp

ERASMUS Coordinator /Responsible person

Host University