

Abgabe: spätestens 30 Tage NACH der Mobilitätsmaßnahme

It is compulsory to fill in the document electronically! **Wichtig:** das Dokument MUSS vollständig und elektronisch ausgefüllt werden.**Confirmation of stay - ST Staff Mobility**Academic year: _____ WS SS Physical mobility BIP

- for teaching / zu Lehr-/ Unterrichtszwecken (STA-OUT)
- for training at a partner university / zu Fort- und Weiterbildungszwecken (STT) an einer Partnerhochschule (PU)
- for training in an enterprise / zu Fort- und Weiterbildungszwecken (STT) in einem Unternehmen

TO BE COMPLETED AND SIGNED **AT THE END** OF THE ERASMUS STAFF MOBILITY PERIOD**The teacher / staff member**

Last name: _____

First name: _____

The sending institutionName: **Hochschule Darmstadt University of Applied Sciences D DARMSTA02**

Address: International Office, Schöfferstr. 3, 64295 Darmstadt, Germany

Contact: Friederike Luther, eu-coordination.int@h-da.de

The receiving institution/ enterprise

Name of institution: _____

Country: _____ City: _____

if available, Erasmus Code: _____

Confirmation of teachers' / staff member's attendance:

I hereby confirm, that the above mentioned teacher/ staff member has completed an Erasmus staff mobility for _____ in our institution, according to what has been agreed in the Mobility Agreement-ST.

Start date (dd/mm/yyyy): First day the participant has been present at the receiving organisation.End date (dd/mm/yyyy): The end of the Erasmus period is the last day the participant has been present at the receiving organisation.**Only for teaching:** He/she has taught hours in our institution. (Minimum requirement: 8 hours.)

Name of person in charge: _____

Titel/ Position: _____

Signature: _____

Date of signature: _____

Official stamp of receiving institution