

**STAFF MOBILITY FOR TEACHING**

**CERTIFICATE OF ATTENDANCE**

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| **Name of teaching staff member:****SENDING INSTITUTION:****ERASMUS code:** | ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NATIONAL AND KAPODISTRIAN UNIVERSITY OF ATHENSG ATHINE01 |

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| **RECEIVING INSTITUTION :****ERASMUS code:****Department /Faculty:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Number of teaching days (min. 2 days): \_\_\_\_\_\_\_\_\_\_­\_****First day of Teaching: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** **Last day of Teaching: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** **Teaching Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Number of teaching hours: (8 hours min.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Level of teaching: Undergraduate  Postgraduate  Doctorate**  |

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| **Content of the teaching programme:** |  |

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| **The Receiving Institution:****Dean/President/Head of the Faculty**  | **Name** | **Signature** | **Date** | **Stamp** |
|  |  |  |  |

 *Please complete and return this form after the visit to:*

 ***European and International Relations Department /National and Kapodistrian University of Athens /*** *e-mail erasmus@uoa.gr*