

**STAFF MOBILITY FOR TEACHING**

**CERTIFICATE OF ATTENDANCE**

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| **SENDING INSTITUTION:**  **ERASMUS code:**  **Name of teaching staff member:** | ­­­­­­­­­­­­­­­­­­­­­­­­­NATIONAL AND KAPODISTRIAN UNIVERSITY OF ATHENS  G ATHINE01  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **RECEIVING INSTITUTION :**  **ERASMUS code:**  **Department /Faculty:**  **If Blended Intensive Programme, (BIP), Title:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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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**  **In case of teaching virtually in a Blended Intensive Programme (BIP), please state the exact dates of virtual teaching**  **Virtual teaching: Start date ……………………….. End date……………………………….** |

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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*