

Projects Bureau

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ERASMUS+ PROGRAMME **ACADEMIC YEAR 2016/2017**

#### CERTIFICATE OF TEACHING ACTIVITIES AT THE HOST INSTITUTION

**TEACHER’S PERSONAL DETAILS:**

Family Name: …………………………………………………………………

Name: ………………………………………………………………………….

Date of Birth: …………………………………………………………………..

Nationality: …………………………………………………………………….

Home institution: New Bulgarian University, BG SOFIA02

**HOST INSTITUTION**: **Erasmus code**: ………………………………………….

# Name: …………………………………………………………………………………

Postal Address: ………………………………………………………………………

Country: ……………………………………………………………………………….

THE RESPONSIBLE PERSON AT THE HOST INSTITUTION:

Name: ………………………………………………………………………………….

Title: …………………………………………………………………………………….

e-mail: […………………………………………………………………………………..](mailto:a.zaslona@wsf.edu.pl)

I certify that the TS named above has stayed at this institution as a participant of the Erasmus+ Programme during the period indicated below:

**First working day:** …………………………………………..… (dd/mm/yy/)

**Last working day:** ……………………………………..………. (dd/mm/yy/)

Saturday included: □ yes □ no

Sunday included: □ yes □ no

# **Teaching Hours per week:** ……………………………………………………………

Signature and stamp:

(host institution)