



HAWK Hochschule Hildesheim/Holzminden/Goettingen International Office

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## ERASMUS+ PROGRAMME - STA (Staff Mobility for Teaching)

<b>Academic Year</b>	

## **Certificate of Attendance**

The present document shall be completed by the responsible person at the International Office / Erasmus+ Office of the Host institution.

I hereby confirm tha	t Mr / Mrs	
,		name, First name)
Lecturer of the HAW	K Hochschule Hildes	sheim/Holzminden/Göttingen [D HILDESH02] ,
spent his / her perio	d of online /	in class teaching
from	to	
(dd.mm.yyy	y)	(dd.mm.yyyy)
at		
(Name of Host Institutio	n)	
ERASMUS+ Code:		
Faculty / Departmen	t:	
Teaching assignment	, number of days:	
Number of teaching hours:		
Date:		
Place:		
Name and status:		
Signature / Stamp:		