ERASMUS PLUS PROGRAMME

ACADEMIC YEAR 2016/2017

**LETTER OF CONFIRMATION**

We herewith confirm that Ms/Mr. ...............................................................................................

 *title and name*

coming from *The Academy of Business and Health Sciences in Lodz* – PL LODZ21

has taught .................. hours in the framework of the ERASMUS PLUS Staff Mobility

for Teaching at .............................................................................................................................

*name of receiving institution*

from .......... / .......... / .......... to .......... / .......... / ..........

 *day month year day month year*

*(date, signature and stamp of the hosting institution)*