**Pannónia Scholarship**

Teaching/training/research mobility

LETTER OF CONFIRMATION

# To be filled in by the host institution.

|  |  |  |
| --- | --- | --- |
| **It is hereby certified that** | Mr/MsProf.Dr. | **Family name** |
|  |  | **First name** (HU SZEGED01) |
|  |  | has successfully accomplished his/her planned teaching programme at our institution. |
|  |  | **Teaching period:** from …./…./202…. to …./…./202…. (…. days, …. teaching hours, classroom teaching only.) |
|  |  | **Name of the host institution** |

|  |  |  |
| --- | --- | --- |
| **Confirmation of the receiving institution** | **Place**  | **Date** |
|  | **Name** |  |
|  | **Signature** |  |
|  | **Title** | Stamp |