Name of institution: Ruhr-Universität Bochum
ERASMUS–Code: D BOCHUM01

I herewith confirm that Ms./Mr. _________________________________ (title and name)
has taught ________ hours in the framework of the ERASMUS+ teaching assignment
in our institution.

Duration of teaching assignment (days): _____ from: ______________ till: _______________

Date, place: ________________________________________________________________

___________________________________________________________________________

(Signature and stamp of the authorized person of the partner institution)