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)