

## Erasmus+ Staff Mobility for Teaching (STA)

### Certificate of Stay

Academic Year 20\_\_

Name of sending institution: University of Göttingen (D GOTTING01)

Name of teaching staff: \_\_\_\_\_

Duration of stay (days): from: \_\_\_\_\_ to: \_\_\_\_\_

Name of receiving institution: \_\_\_\_\_

Erasmus Code: \_\_\_\_\_

Faculty / Department: \_\_\_\_\_

Teaching assignment, number of days: \_\_\_\_\_

Number of teaching hours: \_\_\_\_\_

Date and Place: \_\_\_\_\_

Name and status: \_\_\_\_\_

Signature / Stamp:

\_\_\_\_\_  
(The present document shall be completed and signed by the responsible person at the International Office of the receiving institution.)

The original document has to be returned by the teaching staff to the International Office of the University of Göttingen.