



MEDIZINISCHE  
UNIVERSITÄT  
INNSBRUCK

## ERASMUS

### Letter of confirmation for Teaching Assignment Academic Year 2023/24

To whom it may concern

Name of host institution: .....

Erasmus Code: .....

I hereby confirm that Ms. / Mr. ....

from (home institution) .....

has taught ..... hours in the framework of an Erasmus Teaching Assignment (KA 131) in  
our institution.

Duration of stay (in days):....., from: ..... until:.....

Date .....

Place .....

.....  
Signature of the authorized person of the  
partner institution

.....  
Stamp