**CERTIFICATE OF TEACHING ACTIVITIES**

Name of host institution: ……………………………………………………………………………………………………….

Erasmus ID code of host institution: ………………………………, Country: ………………………………………

Faculty/Department: ………………………………………………………………………………………………………………

Name and position of authorised representative: ………………………………………………………………….

The abovementioned host institution hereby confirms that Mr. /Mrs.

Name of Erasmus teacher: ……………………………………………………………………………………………………

Home institution: *University of National and World Economy*

Contact person: *Assoc. Prof. Kamelia Asenova, Institutional Erasmus coordinator*

Erasmus ID code: *BG SOFIA03*

Faculty/Department: ……………………………………………………………………………………………………………

has performed an Erasmus Teaching Staff exchange visit at our institution

from …… /…… /20….. to …… / …… /20……. , in total …… days.

During this period he/she has given …… (min. 8!) hours of lectures or undertaken other academic activities in the area of ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… (Please give the topic of the lectures or a short description of the other academic activities – seminar, conference, etc.).

Signature of the authorised representative: ……………………………….. Stamp:

Place: ……………………………. Date: …… /…… /20…….