



CERTIFICATION OF ERASMUS PERIOD

Name of the host Institution:

IT IS HEREBY CERTIFIED THAT,

.....(teacher's name)

from(home institution) has been at
our Institution
from.....to.....(day/month/year).

His lecture's title was:.....

Hours taught:.....

stamp and signature

date

Name of the signatory:

Function:

To be sent to:
Szent István University
International Relations Office
2100 Gödöllő
Páter Károly u. 1.
Hungary