



Erasmus+

**CONFIRMATION SHEET
CERTIFICATE OF ATTENDANCE**

ERASMUS+ PROGRAMME / STA MOBILITY

**ACADEMIC YEAR 2024/2025
2022-1-HU01-KA171-HED-000072032**

HOST INSTITUTION: **University of Miskolc**

ERASMUS CODE: **HU MISKOLC01**

NAME OF GRANT HOLDER: **Dr Dmytro Rudakov**

SENDING INSTITUTION: **Dnipro University of Technology**

DAYS OF TRAVEL: (arrival) **23 March 2025** (departure) **29 March 2025**

PERIOD OF TEACHING ASSIGNMENT SPENT AT THE HOST INSTITUTION:

FROM : **24 March 2025** TO: **28 March 2025**

Please tick as appropriate

☒ without days of travel

☐ with travel days included if teaching activities were performed on these days too:

☐ arrival day only

☐ departure day only

☐ both days

TEACHING HOURS/WEEK COMPLETED:8..... **HOURS** (MIN. 8 HOURS/WEEK).

Signature of the grant holder:

Name: **Krisztina SANDOR**

Signature:



Position: **ERASMUS+ ICM institutional coordinator**

Date / Official Stamp: 28/03/2025