**Certificate of teaching activities in a foreign language**

**for the university professor application submitted by**

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| **Name of higher education institution, faculty, organisational unit:****Address of higher education institution:** |  |
| **Teaching activities** |  |
| **Period** *(up to the date of application; academic year/semester)* | **Programme name(s) and level(s)\*, and subject name(s) in the language of delivery** *(academic year/semester)* | **Number of contact hours\*\*** |  |
| **Lecture** | **Practice session** | **Seminar** | **Total***(semester)* |  |
| **Academic year** | **1st***(semester)* | 1. |  |  |  |  |  |
| 2. |  |  |  |  |
| **2nd** *(semester)* | 1. |  |  |  |  |  |
| 2. |  |  |  |  |
|  | **1st***(semester)* | 1. |  |  |  |  |  |
| **Academic year** | 2. |  |  |  |  |
|  | **2nd** *(semester)* | 1. |  |  |  |  |  |
|  |  | 2. |  |  |  |  |

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| **Summary\*\*\*** |  |
| **Type of contact hour:** | **Lecture** | **Practice session** | **Seminar** |  |
| **Total number of contact hours:** |  |  |  |  |
| **of which contact hours that are** | **online classes** |  |  |  |  |
| **classes recorded in an electronic system** |  |  |  |  |
| **Grand total of contact hours:** |  |  |
| **Grand total of contact hours delivered as a guest teacher abroad:** |  |  |

Date:

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Signature of direct supervisor

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Name of direct supervisor

*\*Programme level can be graduate and/or postgraduate, or any level in the Bologna system*

*\*\* Contact hour refers to any session (lecture, seminar, practice session, consultation) requiring participants to be present in person and lasting between 45 and 60 minutes, including online sessions.*

*\*\*\* If submitting multiple certificates, please summarise teaching activities by institution*