**Certificate of teaching activities**

**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**  *(10 academic years/semesters preceding the application)* | **Programme name(s) / level(s) /Subject name(s)** *(academic year / semester)* | **Number of contact hours\***  | **Student feedback result (for subjects taught during the 5 years preceding the application)** |  |
| **Lecture** | **Seminar** | **Practice session** | **Consultation** | **Total*****(semester)*** |  |
| **Academic year** | **1st***semester* | **1.** |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **2nd***semester* | **1.** |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
|  | **1st** *semester* | **1.** |  |  |  |  |  |  |  |
| **Academic year** | **2.** |  |  |  |  |  |  |  |
|  | **2nd***semester* | **1.** |  |  |  |  |  |  |  |
|  | **2.** |  |  |  |  |  |  |  |

**Summary\*\***

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| --- | --- | --- | --- | --- | --- |
| **Teaching activities:** | **Lecture** | **Seminar** | **Practice session** | **Consultation** |  |
| **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 that were lectures:** |  |  |
| **Grand total of contact hours in subjects****assessed by students to be above 3.50:** |  |  |

Date:

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Signature of direct supervisor

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Name of direct supervisor

*\* 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*