***Statement by the visiting teacher/expert***

*By signing below*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name and surname*

*I declare that I will participate in the project* *Visiting foreign teachers UL 2019-2022 (Gostujoči tuji strokovnjaki UL 2019-2022)* *as a visiting teacher / expert* in the academic year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Currently I am employed at*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

  *Full title of the institution, city and state*

|  |
| --- |
| **Visiting teacher/expert**Name:Signature: Date:  |

|  |
| --- |
| **The Sending institution**Name of the responsible person:Signature: Date: *stamp* |