



**Promotion of Internationalization–
Visiting Professors Program
Confirmation by the Hosting Professor**

Hosting Faculty: _____ Semester: _____

Name of the Hosting Professor:

Name of the Visiting Professor: _____

Exact duration of the visit: from _____ to _____

Title of the course: _____

Language of instruction: _____

Target group: _____

Overview of the actual teaching hours provided:

Date	Time from – to	Teaching hours	Date	Time from – to	Teaching hours

_____ participants attended the course.

(Date)

(Signature of Hosting Professor)



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EICHSTÄTT-INGOLSTADT

If the lectures could not be conducted as originally planned, we kindly ask you to briefly explain the changes here.