

ERASMUS

Letter of confirmation for STAFF TRAINING

Academic Year 20__ / 20__

To whom it may concern

Name of institution / enterprise: _____

Name of participant: _____

Subject code: _____

Duration of stay (days/weeks): _____

I herewith confirm that Ms./Mr. _____ (title and name)

has taken part in the STAFF TRAINING Programme between _____

(name of sending institution) and _____ (name of receiving institution)

Duration of stay (days): from: _____ till: _____ -

Date, place: _____

(Signature of the authorized person of the partner institution or enterprise / department)