



ERASMUS

Letter of confirmation for STAFF TRAINING

Academic Year

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. _____

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)