



## Letter of Confirmation for Staff Mobility for Training

Academic Year 2020/2021

To whom it may concern

Name of host  
institution/enterprise: \_\_\_\_\_

Erasmus-Code of host institution:  
(if applicable) \_\_\_\_\_

I herewith confirm that Ms/Mr (title and name) \_\_\_\_\_

has taken part in an Erasmus+ Staff Training Programme offered by our institution/enterprise.

Duration of stay (days): \_\_\_\_\_ from (dd/mm/yy): \_\_\_\_\_ till: \_\_\_\_\_

Name of the authorized  
person of the host  
institution/enterprise: \_\_\_\_\_

Date, place: \_\_\_\_\_

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(Signature and stamp of the authorized person of the host institution/enterprise)