**ERASMUS**

Letter of Confirmation for Staff Mobility for **Teaching and** **Training**

Academic Year 2025/2026

To whom it may concern

Name of host institution: …………………………………………………………………………………

I hereby confirm that Ms. / Mr. …………………………………………………………………………..

From (home institution) **Fachhochschule Salzburg**

has taken part in the framework of the Erasmus Staff Teaching and Training Programme in our

institution / enterprise.

Duration of stay (in days): …… (excl. 0 interruption day/s),
from: ................... until: ...................

Duration of teaching (hours): …….

Duration of training (hours): ……

Date ………………………. Place ……………….……

|  |  |  |
| --- | --- | --- |
|   |   |   |
| Signature of the authorized personof the partner institution |   | Stamp |

