**ERASMUS**

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

Academic Year 2024/2025

To whom it may concern

Name of host institution / enterprise: ………………………………………………………………………………

I hereby confirm that Ms. /Mr. ……………………………………………………………………………………… from (home institution) Salzburg University of Applied Sciences
has taken part in the framework of the Erasmus Staff Teaching and Training Programme in our institution / enterprise.

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

Duration of teaching (hours): …….

Duration of training (hours): …….

Date:………………… Place: …….

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

