**ERASMUS**

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

Academic Year 2024/2025

To whom it may concern

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

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

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

Duration of training (hours): …………

Date Place …….

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

