



Letter of confirmation for STAFF TRAINING

Academic Year

To whom it may concern

Name of institution/enterprise: _____

Name of participant: _____

Duration of stay (days/weeks): _____

I herewith confirm that Ms./Mr. _____ (title and name)

has taken part in the ERASMUS 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)