



# Erasmus+

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: \_\_\_\_\_

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(Signature of the authorized person of the partner institution or enterprise/department)