

ERASMUS+

Confirmation for STAFF TRAINING

Academic Year 20../20..

Name of participant: _____

Subject code: _____

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

has taken part in the ERASMUS STAFF TRAINING at

(name of receiving institution).

from: _____ (dd/mm/yyyy) till: _____ (dd/mm/yyyy)

Name of signatory _____
(title and name)

Function _____

Date, place: _____

(Signature of the authorized person of the institution)