



## **ERASMUS**

## LETTER OF CONFIRMATION

## Staff Mobility for Training - STT Academic Year 2021/2022 (Call 2020)

| Name of Host Institution/Enterprise:  |  |
|---|--|
| Erasmus Code (if applicable):   |  |
|   |  |
| I hereby confirm that <b>Ms. / Mr.</b>  |  |
| from (home institution)   |  |
| has taken part in the framework of th   | e Erasmus Staff Mobility for Training Programme in our |
| institution /enterprise.  |  |
| The content of the training programme (one, two sentences description, please): |  |
|   |  |
|   |  |
| Duration of training (in days):   |  |
| From  | until  |
| If applicable (due to COVID-19), period of online/virtual training:             |  |
| From  | until  |
|   |  |
| Date  | Place  |
|   |  |
|   |  |
| Signature of the authorized person  | of the Stamp   |
| institution/enterprise  | r  |