



Erasmus+

Letter of confirmation for STAFF TRAINING (STT)

Academic Year 2019/2020

To whom it may concern

Name of receiving institution/ enterprise: _____

Name of participant: _____

Subject code: _____

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)