

ERASMUS+ STT

Letter of confirmation for Staff Mobility

Academic Year 20__/20__

To whom it may concern

Name of institution: _____

Erasmus-Code: _____

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

has participated in _____ in our institution.

Duration of stay: _____ days, from _____ till _____

Date, place

Signature and stamp of the authorized person of the partner institution