

**NOTE: This form must be completely filled out!**

**ERASMUS+**

**LETTER OF CONFIRMATION**

**STAFF TRAINING MOBILITY**

|  |
| --- |
| It is hereby certified that |
| **Mr / Ms .**       |

was an Erasmus+ participant at our institution between the following dates

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| from |  |  | until |  |
|  | Day | Month | Year |  |  | Day | Month | Year |

|  |  |  |  |
| --- | --- | --- | --- |
|  | at |       | (name of host organization) |
|  | in the department(s) of |  |
|  |       |  |

**Please attach a proof of participation in case you attend a course!**

**To be completed by the host institution:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of signatory |  |  | Function |  |
| Date |  |  | Stamp and signature |