



**ERASMUS**  
**Letter of confirmation for STAFF TRAINING**  
**Academic Year 20 \_\_\_/20 \_\_\_**

**To whom it may concern**

**Name of institution:** \_\_\_\_\_

**Name of participant:** \_\_\_\_\_

**Subject Code:** \_\_\_\_\_

**Duration of stay (days/weeks):** \_\_\_\_\_

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

Has taken part in the STAFF TRAINING Programme between \_\_\_\_\_ (name of sending institution) and \_\_\_\_\_ (name of receiving institution)

**Duration of stay (days):** \_\_\_\_\_ **from:** \_\_\_\_\_ **till:** \_\_\_\_\_

**Date, place:** \_\_\_\_\_

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**(Signature and stamp of the authorized person of the partner institution)**