ERASMUS+ with Partner and Programme Countries

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 Staff Exchange (_____) in our institution.

Duration of stay: _____ **days,**
from _____ **till** _____

_____ _____
Date, place Signature and stamp of the authorized person of the partner institution

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