

## ERASMUS+ with Partner Countries 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 Staff Training in our institution.

Duration of stay: \_\_\_\_\_ days,  
from \_\_\_\_\_ till \_\_\_\_\_

\_\_\_\_\_  
Date, place

\_\_\_\_\_  
Signature and stamp of the authorized person of the partner institution