



LETTER OF CONFIRMATION FOR STAFF TRAINING
(TEILNAHMEBESCHEINIGUNG FÜR ERASMUS-PERSONALMOBILITÄT ZU
FORT- UND WEITERBILDUNGSZWECKEN)

Academic Year

TO WHOM IT MAY CONCERN

NAME OF INSTITUTION/ENTERPRISE

ERASMUS-CODE (if applicable)

I herewith confirm that

NAME AND TITLE OF PARTICIPANT

has taken part in the programme

NAME OF THE PROGRAMME

Duration of stay from _____ **to** _____ .
(DAY/MONTH/YEAR) (DAY/MONTH/YEAR)

Number of actual working/training days _____

Please enter the date of the last day of training otherwise, the document cannot be accepted!	
Date	Place
Signature of the authorized person of the partner institution	Stamp