



Erasmus+

Confirmation of Stay for Staff Training

Academic Year 2019/20

To whom it may concern

Name of institution: _____

Erasmus-Code: _____

I herewith confirm that Ms./Mr.: _____ (title and name)
has been in our institution.

Duration of stay (days): _____ from: _____ till: _____

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