**LETTER OF CONFIRMATION FOR STAFF TRAINING**

(TEILNAHMEBESCHEINIGUNG FÜR ERASMUS-PERSONALMOBILITÄT ZU FORT- UND WEITERBILDUNGSZWECKEN)

Academic Year 2017/2018

TO WHOM IT MAY CONCERN

NAME OF INSTITUTION/ENTERPRISE ERASMUS-CODE (if applicable)

**I herewith confirm that**

NAME AND TITLE OF PARTICPANT

**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 \_\_\_\_     \_\_\_ .**

|  |  |
| --- | --- |
| Date  | Place  |
| Signature of the authorized person of the partner institution | Stamp |