

ERASMUS

Letter of confirmation for Training Mobility

Academic Year _____**To whom it may concern****Name of institution:** _____**ERASMUS–Code:** _____

I herewith confirm that Ms./Mr. _____ (title and name)

has participated in an ERASMUS Training mobility in our institution.

Duration of stay (days): _____ **from:** _____ **till:** _____**Date, place:** __________
(Signature and stamp of the authorized person of the partner institution)