Erasmus +

Letter of confirmation for Staff Training (STT)

# To whom it may concern

Name of the receiving institution: enter name of receiving institution

I herewith confirm that enter title and name of the received person

has taken part in the Erasmus+ Staff Training Programme/Activity enter the name of the training programme / activity organised by our institution.

Duration of stay: enter number of stayed days days, from: choose start date till: choose end date

Date, place: choose date of signature, enter place of signature

Signature and stamp of the authorized person of the receiving institution: