

ERASMUS+ - Letter of Confirmation for

[ ]  Teaching Assignment (STA)

[ ]  Staff Training (STT)

[ ]  Erasmus Monitoring /Preparatory Visit

Academic Year **2019/2020**

To whom it may concern

Name of host institution / enterprise

ERASMUS Code (if applicable)

I hereby confirm that Ms. / Mr. **.**from
has taken part in the framework of the ERASMUS+ Programme in our institution.

Duration of teaching/training activity at host institution (in days):
from (starting day of activity): until (last day of activity): …………

Number of teaching hours (STA) / training hours (STT) : …………

Date,: , Place

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of the authorized person of the partner institution |  |  |
| Name and position  |  | Stamp of institution |