



Erasmus+

Confirmation of Stay for Training Assignment STT

Academic Year 2019

To whom it may concern

Name of Institution: _____

Erasmus Code: _____

It is herewith confirmed that Mrs./Mr. _____

has spent _____ days (number of working days) in the framework of the Erasmus+ training staff mobility in our institution, from: _____ to: _____ .

Date, Place: _____

Signature and stamp of an authorized person of the partner institution