

Erasmus+

Confirmation of Stay for Staff Training

Academic Year 2024/25

Name of receiving institution: _____

Erasmus code of receiving institution: _____

I herewith confirm that _____ (title and name of staff member)

has been in our institution.

Physical Mobility

Number of active physical training days: _____

Duration of stay (excluding travel days): from: _____ till: _____

Virtual Mobility (only if applicable)

Number of virtual training days: _____

Dates of virtual training activity: _____

Date, place: _____

(Signature and stamp of the authorized person of the partner institution)