

## Erasmus+

### Confirmation of Stay for Staff Training

**Academic Year 2025/26**

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)