

Erasmus+ Letter of confirmation for Staff Training

To whom it may concern	
Name of the hosting institution/enterprise:	
Titel and name of the participant:	
Duration of stay (days/week):	
I herewith confirm that	has
taken part in the Staff Training Programme between the Techr	
Duration of stay (days): from till	
Date/place:	
(Signature and stamp of the authorized person of the partner instituti	

