ERASMUS+

Letter of confirmation for STAFF TRAINING

Academic Year 20__ / 20__

To whom it may concern

Name of institution / enterprise: ____________________________________________

Name of participant: _____________________________________________________

Duration of stay from ___________________until _____________________________

Days of travel (dates):____________________________________________________

Working days: from_______________________ until __________________________

I herewith confirm that Ms./Mr. ______________________________ (title and name) has taken part in the STAFF TRAINING Programme between Deggendorf Institute of Technology (DIT) and _____________________________(name of receiving institution)

Date, place: _________________________________________________________

(Signature of the authorized person of the partner institution or enterprise / department)