**CONFIRMATION LETTER for ERASMUS STAFF MOBILITY**

The below participant has completed the Erasmus staff mobility in our Institution;

|  |  |
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| **Name of the Participant** |  |
| **Sending Institution** |  |
| **Receiving Institution** |  |
| **Address and website of the** **Receiving Institution** |  |
| **Type of Mobility** | * **Teaching**
* **Training**
 |
| **Total Teaching Hours (if any)** |  |
| **Start Date of the Mobility** |  |
| **End Date of the Mobility** |  |

 **Date**

|  |
| --- |
|  |
| **Name and Function of the Signatory at the Receiving Institution** | **Signature and Stamp of the Signatory at the Receiving Institution** |