Academic Year ……………………

**CONFIRMATION – Training Mobility**

***To whom it may concern***

We herewith confirm that Ms/ Mr. ………………………………………………………………………..

 *(title and name)*

has realized training staff mobility in the framework of the Erasmus+ ………. Programme in the

*……………………………………………………………………………………………………………………………*

*(name of receiving institution)*

Duration of stay:

*(dates and number of days)*

*(Signature and stamp of the hosting institution)*