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**Confirmation of Erasmus + Mobility - Staff Training**

**2018/2019**

|  |  |
| --- | --- |
| Family name: |  |
| First name: |  |

SENDING INSTITION

|  |  |
| --- | --- |
| Country: | Slovakia |
| Name of sending instituion: |  |
| Faculty/Department: |  |

RECEIVING INSTITUTION

|  |  |
| --- | --- |
| Country: |  |
| Name of receiving institution: |  |
| Faculty/Department: |  |

This is to certify that the staff member undertook the staff training under the Erasmus + programme at our institution from ………. to ………….of the 2018/2019 academic year.

Main content of the mobility:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Erasmus departmental/institutional coordinator)

Stamp: