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| --- | --- |
|  | ***Erasmus+ Programme***  ***STAFF MOBILITY FOR TRAINING*** |

# 

# **CONFIRMATION**

***STAFF MEMBER***

|  |  |
| --- | --- |
| Name |  |

***SENDING INSTITUTION***

|  |  |
| --- | --- |
| Name of sending institution | **Lublin University of Technology** |
| Erasmus ID code | **PL LUBLIN03** |
|  |  |

***RECEIVING INSTITUTION***

|  |  |
| --- | --- |
| Name of receiving institution |  |
| Erasmus ID code |  |

This is to certify that the above mentioned person has attended the staff training under the Erasmus+ programme at our institution from **.........../............/..........** to **.........../............./............** of the academic year **202...../ 202.....**.

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

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

Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_