



Anhang II – zum Grant Agreement

STAFF MOBILITY FOR TRAINING (STT)/AND/OR TEACHING (STA) LETTER OF CONFIRMATION

TO WHOM IT MAY CONCERN

NAME OF INSTITUTION/ENTERPRISE

ERASMUS-CODE (if applicable)

I hereby confirm that

TITLE AND NAME

has taken part in the training programme /provided teaching on the following subject

NAME OF THE PROGRAMME/ FOR STA MOBILITY - NUMBER OF TEACHING HOURS (not less than 8 hours per week)

Mobility period from _____ **to** _____ .
(dd/mm/yyyy) (dd/mm/yyyy)

Date	Place	
Signature of the authorized person of the partner institution		Stamp