



Erasmus+



Annex III to the Grant Agreement

**STAFF MOBILITY FOR
TEACHING (STA) TRAINING (STT)
LETTER OF CONFIRMATION
TO WHOM IT MAY CONCERN**

NAME OF THE RECEIVING INSTITUTION/ENTERPRISE

ERASMUS-CODE (if applicable)

I hereby confirm that

TITLE AND NAME OF THE PARTICIPANT

has taken part in the training programme (STT)

has provided teaching on the following subject (STA)

NAME OF THE PROGRAMME/ TEACHING TOPIC

FOR STA MOBILITY - NUMBER OF TEACHING HOURS (not less than 8 hours per week): _____

Working period (mobility period excluding travel days):

from _____ to _____ .

Date: _____

Place: _____

Signature of the authorized person of the Receiving Institution

STAMP