

**Confirmation of Stay for Erasmus+Training Mobility**

**Academic Year 2023/2024**

**To whom it may concern**

I herewith confirm that Ms./Mr./Dr. \_\_\_\_\_ (name) has visited our institution.

\_\_\_\_\_  
(name of institution)

Duration of stay (days without travel): \_\_\_\_\_ from: \_\_\_\_\_ till: \_\_\_\_\_

Language of instruction: \_\_\_\_\_

Date, place: \_\_\_\_\_

\_\_\_\_\_  
**(Signature and stamp of the authorized person of the partner institution)**