

**Confrmation of Staff mobility within Erasmus+**

We hereby confirm that the below mentioned staff member has successfully acomplished the Erasmus+ Staff mobility for teaching / training, as agreed in his/her Mobility agreement.

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| --- | --- |
| Staff member’s name and surname |  |
| Name of the Host institution |  |
| Erasmus code of Host institution  (if applicable) |  |
| Date of start and end of the mobility period (day/month/year) | From:  Till: |
| Number of working days |  |

**Confirmation of the Host institution**

Name and position of responsible person at the Host institution:

Signature of the responsible person at the Host institution:

Date: Stamp: