ERASMUS+

Letter of confirmation for STAFF MOBILITY FOR TRAINING

Academic Year 2024/25

To whom it may concern

Name of institution/enterprise: _____Ostfalia University of Applied Sciences___

Name of participant: _____

Duration of stay (days/weeks): _____

I herewith confirm that Ms./Mr. _____ (title and name)

has taken part in the ERASMUS STAFF TRAINING Programme between

Ostfalia University of Applied Sciences **(name of sending institution)**

and _____ (name of receiving institution).

Duration of stay (days): _____ from: _____ till: _____

Date, place: _____

_____

(Signature of the authorized person of the partner institution or enterprise/department)