

ERASMUS+

Letter of confirmation for STAFF TRAINING

Academic Year 20__ / 20__

To whom it may concern

Name of institution / enterprise: _____

Name of participant: _____

Duration of stay from _____ until _____

Days of travel (dates): _____

Working days: from _____ until _____

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

has taken part in the STAFF TRAINING Programme between Deggendorf Institute of
Technology (DIT) and _____ (name of receiving institution)

Date, place: _____

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