

Erasmus Programme Staff Mobility: Training

Confirmation of Participation

It is hereby confirmed that

Mr./Ms. _____ (name of staff member)

Home University: University of Bremen – D BREMEN01

has participated in a staff training mobility at our institution.

Period at host institution in the framework of the Erasmus Programme:

First Day of Training _____ (day, month, year)

Last Day of Training _____ (day, month, year)

Name of receiving Institution: _____

Erasmus Code of receiving Institution: _____

Name of Signatory: _____

Function of Signatory: _____

Date: _____

Signature: _____

Stamp:

**Please note:
This form has to be signed at the end of the ERASMUS stay**
