

Letter of confirmation for Staff Mobility for Training (STT)

Academic year 20 /20

This is to certify that

Mr / Ms (title and name):

Name of sending institution: University of Oldenburg (D OLDENBU01)

has taken part in the Erasmus+ Staff Mobility for Training Programme at our institution:

Duration of stay (days) in presence at host institution	First day of of training: <input type="text"/> Last day of of training: <input type="text"/>
If applicable: Virtual mobility in country of host institution	From: <input type="text"/> until <input type="text"/>
If applicable: Virtual mobility in home country	From: <input type="text"/> until <input type="text"/>

To be completed by the host institution:

Name of the host institution:

Host institution Erasmus+ code:

Name of signatory:

Role of signatory:

Date:

Stamp and Signature

To be filled out at the end of the mobility period abroad.