**LETTER OF CONFIRMATION**

**FOR ERASMUS+ STAFF MOBILITY FOR TRAINING (STT)**

**(KA 103)**

**Must be completed and confirmed by the host institution.**

|  |  |
| --- | --- |
| Name and address  of host institution |  |
| Erasmus code of  host institution |  |

**Host institution hereby confirms** that the staff member from the University of Cadiz

(Erasmus code: E CADIZ01 - E10208753);

Last name(s) ……..…………..…………………………………… First name (s)……………….……………………………………..

successfully accomplished training activity agreed in her/his Mobility Agreement Staff Mobility for Training at the host institution **in the period** (excluding travel days):

**from:** ……………………………………(day/month/year), **till:** ………………………………… (day/month/year)

**Below host institution also confirms other details of the training activities;**

|  |
| --- |
| Performed activities at the host institution specifying, as far as possible, days, hours and persons with whom contact was maintained: |
| Gained experiences and competences during the staff training: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Responsible person at the host institution;** | | | |
| Last name(s) |  | First name(s) |  |
| Position |  | Email address |  |
| *Signature of the responsible person*  *at the host institution:* | | *Stamp of the host institution:* | |
| *Date* |  |

This form has to be signed at the last day of Erasmus activity