

ERASMUS

Letter of Confirmation for STAFF Mobility

To whom it may concern:

Name of institution/ enterprise:	
Name of participant:	
Duration of stay (days/weeks):	

I herewith confirm that Ms. / Mr. _____ (title and name)
has participated in the ERASMUS STAFF MOBILITY between TH Köln
(University of Applied Sciences) and _____
(name of receiving institution).

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

Number of teaching hours (if applicable): _____

Date, place _____

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