

ERASMUS+ STAFF MOBILITY FOR TRAINING CONFIRMATION OF TRAINING PERIOD

I herewith confirm that _____
(name of the participant)

from the **University of Gdansk (PL GDANSK01)** has participated in the ERASMUS+
Staff Training mobility assignment at

(full name of the host institution)

ERASMUS-Code (if applicable): _____ .

Duration of stay: _____ – _____ .

Training was carried out:

Face to face **from** _____ **to** _____
(day – month – year) *(day – month – year)*

In a hybrid manner **from** _____ **to** _____
(day – month – year) *(day – month – year)*

(Signature and stamp of the authorized person at host institution)