**ERASMUS+ Staff Mobility for Training (STT)**

**Confirmation of Stay at the Receiving Institution**

Sending institution: Witten/Herdecke University

Erasmus code: D WITTEN02

Receiving institution:

Erasmus code (if applicable):

Name of signatory at receiving institution:

Position of signatory at receiving institution:

Name of mobility participant:

**To** **be filled in at the end of the mobility period**

The mobility participant carried out training activities at our institution

from (dd/mm/yyyy) to (dd/mm/yyyy).

Signature and stamp of receiving institution