

**Confirmation of Erasmus + Mobility - Staff Training**

**2024/2025**

STAFF

|  |  |
| --- | --- |
| Family name: |  |
| First name: |  |

SENDING INSTITION

|  |  |
| --- | --- |
| Country: |  |
| Name of sending instituion: |  |
| Faculty/Department: |  |

RECEIVING INSTITUTION

|  |  |
| --- | --- |
| Country: | Slovakia |
| Name of receiving institution: | Pavol Jozef Šafárik University in Košice |
| Faculty/Department: |  |

This is to certify that the staff member undertook the staff training under the Erasmus + programme at our institution from **……….** to **……….** of the 2024/2025 academic year.

Main content of the mobility:

Date:

Signed by:

(responsible person for the Erasmus+ programme)

Signature and stamp: