*Załącznik nr 14 do Regulaminu*



…………………………………

(stamp of the receiving institution)

**CONFIRMATION OF TRAINING**  
**STAFF TRAINING MOBILITY (STT)**

**ACADEMIC YEAR 20.../20...**

Please kindly complete the fields provided below and subsequently verify by submitting the signature of a representative of the host university/institution.

Mobility participant's name and surname:

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Training Institution (with ERASMUS code):

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Training Department:

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Dates of training: from (day/month/year) .........................................................................................................

until (day/month/year) ........................................................................................................

Duration of the training (in days): ............................................................................................................................

Language of the training: ..........................................................................................................................................

Date and Signature: ...............................................