



MEDIZINISCHE
UNIVERSITÄT
INNSBRUCK



ERASMUS+

Letter of confirmation for Staff Training Academic Year 2023/24

To whom it may concern

Name of host institution:

Erasmus Code:

I hereby confirm that Ms. / Mr.

from (home institution)

has taken part in the framework of the Erasmus Staff Training Programme in our institution.

Duration of stay (in days): from: until:.....

Date

Place

.....
Signature of the authorized person of the
partner institution

.....
Stamp



This project has been funded with support from the European
Commission.

Bestätigung STA_v2011-05-27_freigegeben