



MEDIZINISCHE  
UNIVERSITÄT  
INNSBRUCK



## ERASMUS+

### Letter of confirmation for Staff Training Academic Year 2022/23

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