



MEDIZINISCHE  
UNIVERSITÄT  
INNSBRUCK



## ERASMUS+

### Letter of confirmation for Staff Training Academic Year 2024/25

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



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Commission.

Bestätigung STA\_v2011-05-27\_freigegeben