Leuphana Universität Lüneburg

International Center

Universitätsallee 1

D-21335 Lüneburg

ERASMUS+ Staff Mobility for Training

Letter of Confirmation

|  |  |
| --- | --- |
| Staff member |       |
| Sending institution | Leuphana Universität Lüneburg  |
| ERASMUS code | D LUNEBUR01  |
| Receiving institution |       |
| ERASMUS code |       |

It is hereby confirmed that the above named staff member has conducted the mobility programme in the framework of the ERASMUS+ staff mobility for training in accordance with the mobility agreement at the dates indicated below.

|  |  |
| --- | --- |
| Period of the training activity | from   /  /   till   /  /   [dd/mm/yy] |
| Duration in days |       |

Name and signature of responsible person at the host institution

|  |  |
| --- | --- |
| Name: |       |
| Position: |       |

 Place and date Signature

Please hand this form over to our staff member.