*<please insert logo, name and address or print in headed paper>*

**Erasmus+ Programme**

**Staff Mobility for Training (STT)**

Confirmation of Stay

To whom it may concern,

I confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), from ISCTE – University Institute of Lisbon has participated in an Staff Mobility for Training at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (university name), in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (country) for \_\_\_\_\_\_\_\_\_\_\_\_ days, between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date of arrival, dd/mm/yyyy) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date of departure, dd/mm/yyyy), under the frame of the Erasmus+ Programme.

*\* to be signed by contact person responsible for the mobility, at the host institution/organization.*

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Date: |  |
| Signature: |  |