

**Erasmus+****Letter of confirmation for Staff Mobility for Training (STT)****Academic Year 20 / 20****To whom it may concern****Name of sending institution: Clausthal University of Technology / D CLAUSTH01****Name of receiving institution:****Erasmus+–Code:****Subject/training area:**

I herewith confirm that Ms./Mr. \_\_\_\_\_ (title and name)  
has taken part in the Erasmus+ Staff Mobility for Training Programme between Clausthal  
University of Technology (sending institution) and the above stated receiving institution.

**Duration of stay (days training period):**

days from: \_\_\_\_\_ till \_\_\_\_\_

**Date, place:****(Signature and stamp of the authorized person of the receiving institution)****To be filled out at the end of the mobility period.**