

**Confirmation of Erasmus+ KA 107 Training Mobility**

**PERSONAL INFORMATION**

Name:

Family Name:

**SENDING INSTITUTION**

Name: Jan Kochanowski University in Kielce

Erasmus code: PL KIELCE02

Address: Żeromskiego 5, 25-369 Kielce, Poland

Faculty/Department:

**RECEIVING INSTITUTION**

Name:

Address:

Faculty/Department:

This is to certify that the staff completed training assignment in the framework of the ERASMUS+ programme, based on the proposed mobility programme as agreed in the Staff Mobility Agreement for Training, and during the period indicated below:

Arrival Date:

Departure Date:

Place, date

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(Signature and stamp of the authorized person from receiving institution)