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**ERASMUS PLUS**

**H.E. STAFF MOBILITY FOR TRAINING**

**Academic year**  **20… / 20……**

***To whom it may concern***

This is to confirm that …………………………………………… of the Maria Curie-Sklodowska University (PL LUBLIN01) participated in a ……….. hours’ training in:

……………………………………………………………………………………………….

at …………………………………………………………………………………………….

within the Erasmus STT mobility scheme in the period between:

………………………… - ……………………………...

*(day, month, year) (day, month, year)*

The training mode/ training delivery technique:

* in-class (regular face-to-face): from ………………… to …………………….

*(day, month, year) (day, month, year)*

* virtual/on-line on campus: from ………….… to ……………..

*(day, month, year) (day, month, year)*

* virtual/on-line from the home country/Poland: from ………….… to ……………..

*(day, month, year) (day, month, year)*

The training included the following activities:

……………………………………………………………………………………….

……………………………………………………………………………………….

……………………………………………………………………………………….

*(Name, signature and stamp of the hosting institution)*