

Confirmation of Stay ERASMUS+

**Staff Training Mobility**

I herewith confirm that Ms./Mr. \_

(title, first name, last name)

member of the Juraj Dobrila University of Pula, Croatia

* **has carried out staff training at the host institution**

Duration of stay (days): from: till:

(dd/mm/yy) (dd/mm/yy)

Name of the host institution:

Name of the authorized person:

Date, place:

Signature: \_

(signature of the authorized person of the host institution)