The Maria Grzegorzewska University

ERASMUS 20…../ 20…..

CONFIRMATION

This is to confirm that _____
(first name and surname)

an academic of The Maria Grzegorzewska University,

has attended training in the framework of the ERASMUS+ Training Staff

at _____
(name of receiving institution)

_____

from _____ to _____
(day, month, year) *(day, month, year)*

(Signature and stamp of the hosting institution)