**ERASMUS + 2017 / 2018**

**Letter of Confirmation for Stay Abroad - STT**

This form is to verify the exact data of the ERASMUS+ / Creditmobility staff training period abroad. It has to be signed by responsible person of the host institution.

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| **Name of Staff** |
| Last Name:  |
| First Name:  |
| Sending University: Óbuda University, HU BUDAPES16 |

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| **Details about stay abroad** |
| Name of Host Institution:  |
| ID code of Host Institution (if any):  |
| Name and Function of Signatory:  |
| E-Mail:  |

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| **Dates of Guest Staff (Please indicate exact dates)** |
| Date of Arrival:  |
| Date of Departure:  |

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Date, Place Signature and Stamp

Responsible person

Host Institution