 

**CERTIFICATE OF STAY FOR**

**ERASMUS+ TRAINING MOBILITY**

We hereby confirm that Ms/Mr

|  |
| --- |
| Name of the employee:  |
| Home university: **TRNAVA UNIVERSITY IN TRNAVA/SK TRNAVA01** |

 has carried out an Erasmus+ Staff Training at host institution ……………..……………..……………..……………..…………….. .

 During the visit, the following daily activities were conducted (with enclosures if applicable):

Duration of stay (days without travel)

|  |  |
| --- | --- |
| from (day/month/year) | to (day/month/year) |
| Name and function of the signatory |
| Signature | Date and official stamp |

*Please bring/send original document to Erasmus Office of Trnava university within 5 days upon you return.*