Letter of confirmation

Swiss European Mobility Staff Training (STT)

Academic Year 20XX/20XX

This is to certify that:

Mr/Ms/Prof/Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name)

has completed a staff training

at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

from from to to

Name of signatory: Name of signatory

Function: Function

Date: Date Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_