

**LETTER OF CONFIRMATION**

**STAFF MEMBER**

|  |  |
| --- | --- |
| family name |  |
| first name |  |

**SENDING INSTITUTION**

|  |  |
| --- | --- |
| name of the institution | THE ACADEMY OF FINE ARTS IN KATOWICE |
| country | POLAND |
| ERASMUS code | PL KATOWIC08 |

**RECEIVING INSTITUTION**

|  |  |
| --- | --- |
| name of the institution |  |
| country |  |
| ERASMUS code |  |

**PERIOD OF THE MOBILITY**

|  |  |
| --- | --- |
| FROM … | TO ... |

**ACTIVITY**

|  |  |
| --- | --- |
| type of activity(teaching/training mobility MMMMMMMMMMMMOBILITY) |  |
| topic |  |
| number of hours: |  |

date:

signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Erasmus departmental/institutional coordinator)

stamp of the institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_