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| EU flag-Erasmus+_vect_POS.jpg | ERASMUS+ PROGRAMME  INTERNATIONAL CREDIT MOBILITY / CALL ………  STT –Staff Mobility for Training |

***CONFIRMATION***

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| --- |
| **STAFF MEMBER** |
| Family Name |  |
| First Name |  |

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| **SENDING INSTITUTION** |
| Name of sending institution | Agricultural University of Athens |
| Erasmus ID Code | G ATHINE03 |

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| **RECEIVING INSTITUTION** |
| Name of receiving institution |  |
| Erasmus ID Code or City |  |

This is to certify that the above mentioned person has attended our University under the conditions and terms set by the

*Erasmus+* Programme /International Credit Mobility */ Staff Mobility for Training*

from …………………… till …………………… (Academic year ………-……….)

and has fulfilled all activities provisioned in the Mobility Agreement mutually concluded by the two Institutions.

|  |  |
| --- | --- |
| Date: |  |

……………………………………………………

Erasmus+ Institutional Coordinator