# HSKL_LOGO_4c_pos

## Confirmation of Stay Staff Mobility

### Academic Year 20xx/20xx

Name of sending institution: University of Applied Sciences Kaiserslautern, Germany

ERASMUS–Code: D Kaisers02

I herewith confirm that Ms/Mr. has attended the Staff Training Week at

Name of receiving institution:

ERASMUS–Code:

from till

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Receiving institution- signature and stamp :