**Confirmation of Erasmus+ training assignment**

VISITOR

|  |  |
| --- | --- |
| Family name: |  |
| First name: |  |

Sending institution

|  |  |
| --- | --- |
| Country: | Hungary, HU BUDAPES45 |
| Name of sending institution: | Budapest Metropolitan University |
| Faculty/ Department: |  |

Receiving institution

|  |  |
| --- | --- |
| Country: |  |
| Name of receiving institution: |  |
| Faculty/ Department: |  |

This is to certify that the administrative staff has visited our institution under the Erasmus+ programme,

**from to**

of the 2018/ 2019academic year.

Main content of the training assignment (meetings, other activities):

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Erasmus departmental / institutional coordinator)