



HOCHSCHULE MAINZ
UNIVERSITY OF
APPLIED SCIENCES

Confirmation of Stay for Training Mobility

Academic Year 20 / 20

To whom it may concern

I herewith confirm that Ms./Mr. _____ (name)

has participated in a workshop/ seminar (programme is attached)

Title of workshop/ topic of work shadowing

between Hochschule Mainz - University of Applied Sciences and

(Name of host institution)

Duration of stay (days without travel): _____ from: _____ till: _____

Place, date: _____

(Signature and stamp of the authorized person of the partner institution)