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UNIVERSITY OF VETERINARY MEDICINE AND PHARMACY IN KOSICE
Komenskeho 73, 041 81 Košice, Slovak republic

**CONFIRMATION OF ERASMUS+
STAFF MOBILITY FOR TRAINING MOBILITY AGREEMENT**

PERSONAL DATA OF STAFF MEMBER

Name:	_____
University address:	University of Veterinary Medicine and Pharmacy in Košice Komenského 73, 041 81 Košice, Slovak republic
Department:	_____
telephone:	_____
e-mail:	_____

DURATION (including travel days) OF STAFF MOBILITY

From day _____ month _____ year _____

Until day _____ month _____ year _____

RECEIVING INSTITUTION'S DATA

Name of Institution:	_____		
Post address:	_____		
Full name of the responsible person:	_____		
Post address:	_____		
Tel.:	_____	e-mail:	_____
Fax:	_____		

Signature of staff:

Date :

Signature and stamp of the responsible person in the receiving organisation

Komenského 73, 041 81 Košice, Slovak Republic

Contact person:

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