

CONFIRMATION
for Doctoral Students to be submitted to the
Graduate School of your university
for the receipt of an
Erasmus Traineeship Certificate

Name of trainee:

University:

Department/Faculty:

The above named doctoral student and the Office for Erasmus traineeships Saxony-Anhalt confirm that the student has completed a traineeship which has been supported by the EU programme "ERASMUS+" as follows:

Duration: *[day/month/year]* **from** _____ **until** _____

Name of receiving institution:

Country:

in the following working area:

[keywords]

Place:

Date:

Signature: _____

Trainee

Place: Magdeburg

Date:

Signature: _____

Maja Weber, Project assistant
Office for Erasmus traineeships
Saxony-Anhalt