|  |  |  |
| --- | --- | --- |
| **DATE** |  | **[DATE]** |
| **PARTICIPANT** |  | **[FACULTY/DEPARTMENT]**  **[UNIVERSITY]** |
|  |  |  |
|  |  |  |

[FACULTY/DEPARTMENT] at [UNIVERSITY] hereby confirms participation in Erasmus+ KA131 Blended Intensive Program “[COURSE NAME]”, organized by [COORDINATING UNIVERSITY]

[FACULTY/DEPARTMENT] at [UNIVERSITY] aims to send [NUMBER OF PARTICIPANTS] students to participate with mobility funds covered from Erasmus+ KA131 mobility funding. The time period of the mobility is expected to be [MONTH, YEAR]

The project coordinator at the [UNIVERSITY] is [NAME] [EMAIL]

Signature:  Date:

Institutional Erasmus+ Coordinator Location:

or IRO Representative