

ERASMUS STAFF MOBILITY CONFIRMATION OF SUCCESSFUL COMPLETION

NAME OF THE INVITED TEACHER:

FROM (HOME INSTITUTION): Conservatorio Superior de Música de Castilla y León-COSCYL

ERASMUS CODE: E SALAMAN03

TO (HOST INSTITUTION):

ERASMUS CODE:

STUDY YEAR: 2026-2027

DURATION OF STAY (dd.mm.yy-dd.mm.yy):

The successful completion of the ERASMUS+ mobility for:

- ☐ Teaching
☐ Training

is herewith confirmed.

Date:

Signature:

Stamp:

Name and Position at Confirming Institution: