



“Strengthening the teaching capacity of the UWM in Olsztyn”
Project co-financed by the European Union under the European Social Fund

Attachment no 6

Application number:

Name and surname _____

Name of the home institution University of Warmia and Mazury in Olsztyn

Name and address of the host institution _____

Duration of stay: from _____ to _____

Name of the contact person at the host institution _____

To whom it may concern,

We herewith confirm that Ms/Mr. _____

has realized proposed and accepted programme of training, indicated below.

For the host institution

*Head of the hosting unit
(date, stamp and signature)*

Training Agenda

Date	Place (Faculty, Institute, Laboratory, if other please specify)	Detailed description of activities and number of hours



HUMAN CAPITAL
NATIONAL COHESION STRATEGY

EUROPEAN
SOCIAL FUND



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Achieved results:

Signature of the Beneficiary

*Signature of the Sending Institution
(Head of the Department)*

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