С	A	U				
Christian-Albrechts-Universität zu Kiel						
Intern	ational	Cente	r			



## Confirmation for Staff Mobility for Training (ST-T)

## Academic Year 2021/2022

Name of home institution: Christian-Albrechts-Universität zu Kiel

ERASMUS-Code: D KIEL01

Name of guest institution: Copenhagen Business School - -411716700-

I herewith confirm that Mrs./Mr. Daniel Laufs (title and name)

visited our institution for a Staff Mobility/Training within the framework of ERASMUS+.

Duration of stay (days): <u>3 (+2)</u> from: <u>18.10.2021</u> till: <u>20.10.2021</u>

Hours of Attendance: 27h (9:00 am - 6:00 pm each day)

Type of Activity:	Yes	No
Workshop:	X	
Work Shadowing:		X
Training:	×	
Other:	×	

Date, place: \_\_\_\_\_

(Signature and stamp of the authorized person of the partner institution)