



CERTIFICATO DI PERMANENZA CONFIRMATION OF STUDY PERIOD

**The present document should be filled in by the responsible person
at the International Office of the Host Institution**

Student:

Home Institution: Università degli Studi Internazionali di Roma –UNINT

Erasmus Code: I ROMA20

Receiving Institution:

Erasmus Code (if applicable):

Arrival form

We confirm that the above mentioned student has arrived at our institution on _____
(day/month/year)

and will study in our Faculty of _____

Signature: Stamp

Name:

Position:

Date:

Departure form

We confirm that the above mentioned student is leaving our institution on _____
(day/month/year)

Signature: Stamp

Name:

Position:

Date: