



CERTIFICATO DI PERMANENZA
Certificate of attendance

Staff member: _____

Home Institution: Università degli Studi Internazionali di Roma – UNINT (I ROMA20)

Receiving Institution: _____

Erasmus Code (if available) _____

**To be completed by the Responsible person at the International Office
of the Host Institution**

We confirm that the above mentioned Staff Member performed the mobility for training under the ERASMUS+ programme at our institution between:

----- and -----
 day month year day month year

**To be completed by the Responsible person at the International Office
of the Host Institution**

Name: _____ Stamp

Position: _____

Date: _____

Signature: _____