



UNIVERSITÀ DEGLI STUDI DI NAPOLI
PARTHENOPE

**CERTIFICATE OF ARRIVAL
NOT VALID FOR DOUBLE DEGREE**

Academic Year 20_ - 20_

University of _____ Erasmus code: _____

IT IS HEREBY CERTIFIED THAT:

Mr. _____, from the University of _____
has been enrolled as an ERASMUS+ student at OUR Institution, in the
Department of _____ Area Code: _____

Mobility type:

In presence from ___/___/___ to ___/___/___

Only for Erasmus+ Students

Blended (virtual mobility period in Italy from ___/___/___ to ___/___/___
in presence at the host university from ___/___/___ to ___/___/___)

Only for Erasmus+ PhD Students

Short mobility from ___/___/___ to ___/___/___
(from a minimum of 5 days to a maximum of 30 days)

Name of the signatory: _____

Function: _____

Date

Stamp and Signature of the Head of the Office

Il presente certificato deve essere inviato all'Ufficio USICL, entro 7 giorni dall'arrivo presso l'ateneo ospitante, via e-mail:
erasmus.outgoingoffice@uniparthenope.it

This certificate must be sent within 7 days of arrival to the USICL Office
Please use the e-mail: erasmus.outgoingoffice@uniparthenope.it

Please note that the form must not contain any erasures or alterations, unless those erasures or alterations have been
authenticated by the stamp and signature of the authorized signatory.

Servizi internazionalizzazione e Comunicazione Linguistica

Head of Office: **Virginia Formisano**

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