



UFFICIO SERVIZI INTERNAZIONALIZZAZIONE
E COMUNICAZIONE LINGUISTICA
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CERTIFICATE OF DEPARTURE 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 Students

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

Only for 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

**L'Ufficio USICL dovrà ricevere gli originali del certificato di partenza e dell'ulteriore documentazione di rientro, entro e non oltre 7 giorni dalla data di fine mobilità.
Per la consegna dei documenti è necessario richiedere un appuntamento inviando una e-mail a internazionale.lingue@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.