



UFFICIO SERVIZI INTERNAZIONALIZZAZIONE
E COMUNICAZIONE LINGUISTICA
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CERTIFICATE OF DEPARTURE

Academic Year 20____ - 20____

University of _____ Erasmus code: _____

IT IS HEREBY CERTIFIED THAT:

Mr. _____, from the University of _____ has been an ERASMUS+ student at OUR Institution, between _____ and _____ in the Department of: _____

Area Code: .

Name of the signatory: _____

Function: _____

Date

Stamp and Signature of the head of the Office

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.