



UFFICIO SERVIZI INTERNAZIONALIZZAZIONE
E COMUNICAZIONE LINGUISTICA
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E-MAIL: INTERNAZIONALE.LINGUE@UNIPARTHENOPE.IT



CERTIFICATE OF DEPARTURE

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

Entro 7 giorni dal rientro il certificato di partenza deve essere inserito al link di upload documenti

<https://uniparthenope.erasmusmanager.it/studenti/uploadDocumentazione.aspx>

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.