



UFFICIO SERVIZI INTERNAZIONALIZZAZIONE  
E COMUNICAZIONE LINGUISTICA  
VIA ACTON, 38 - 80133- NAPOLI - TEL.0815475828- 26  
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## CERTIFICATE OF ARRIVAL

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, between \_\_\_\_\_ and

\_\_\_\_\_ in the Department of: \_\_\_\_\_

Area Code: \_\_\_\_\_

### Mobility type:

- Blended (virtual from \_\_\_\_\_ to \_\_\_\_\_ at the host university from \_\_\_\_\_ to \_\_\_\_\_)
- Virtual

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.