**STATEMENT OF PERIOD OF ERASMUS**

**Section 1**: upon arrival, however no later than 7th days after your arrival, have Section 1 of this form signed and stamped by the host Institution/Enterprise and return to the International Office of this University**.**

**Completed form should sent to: erasmus@unisannio.it**

**Section 2**: at the end of your period of traineeship, have Section 2 signed and stamped by the by the supervisor of the host Institution/Enterprise and return this form to the International Office of this University.

The original of this document, duly signed and stamped, shell be returned by the student or sent by the host institution to: UNIVERSITA’ DEGLI STUDI DEL SANNIO - UNITA’ ORGANIZZATIVA PROGRAMMI DI MOBILITA’

Via Giovanni De Nicastro, 13 – Ex Convento di Sant’Agostino 82100 BENEVENTO (ITALY)

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| **Host Insitution/Enterprise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Section 1 CONFIRMATION OF ARRIVAL**

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| I confirm that Mr./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (surname and forename),  coming from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, arrived at our  Institution/Enterprise on \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ (date – dd/mm/yyyy).  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  stamp:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section 2 CONFIRMATION OF DEPARTURE**

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| I confirm that Mr./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (surname and forename),  stayed at our Institution/Enterprise until \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ (date – dd/mm/yyyy).  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  stamp:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |