



STATEMENT OF PERIOD OF ERASMUS TRAINEESHIP

ATTENTION: THIS FORM DOES NOT REPLACE THE OFFICIAL CERTIFICATE OF ATTENDANCE, ON HEADED PAPER OF THE HOSTING INSTITUTION/ENTERPRISE ISSUED AT THE END OF THE PLACEMENT PERIOD.

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 a legal representative 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, shall 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)

Host Institution/Enterprise: _____

Section 1 CONFIRMATION OF ARRIVAL

I confirm that Mr./Mrs. _____ (surname and forename),
coming from the Università degli Studi del Sannio – Erasmus code: **I BENEVENO2**, arrived at our
Institution/Enterprise on ____/____/____ (date – dd/mm/yyyy).

Name: _____

Position: _____

stamp:

Signature: _____

Section 2 CONFIRMATION OF DEPARTURE

I confirm that Mr./Mrs. _____ (surname and forename),
stayed at our Institution/Enterprise until ____/____/____ (date – dd/mm/yyyy).

Name: _____

Position: _____

stamp:

Signature: _____