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**Confirmation of Study Period**

**The present document should be completed by the responsible person at the International Office of the Host Institution**

Student: .....  
Home Institution: Università degli Studi Internazionali di Roma – UNINT  
Receiving Institution: .....  
Duration: ..... months

**Arrival form**

We confirm that the above mentioned student has arrived at our institution on \_\_\_\_\_  
(day/month/year)

and will study for \_\_\_\_\_ months in our faculty of \_\_\_\_\_

Signature: ..... Stamp:  
Name: .....  
Position: .....  
Date: .....

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**Departure form**

We confirm that the above mentioned student is leaving our institution on \_\_\_\_\_  
(day/month/year)

Signature: ..... Stamp:  
Name: .....  
Position: .....  
Date: .....