



**CERTIFICATO DI PERMANENZA**  
**Certificate of attendance**

**Staff member:** \_\_\_\_\_

**Home Institution:** Università degli Studi Internazionali di Roma - UNINT

**Receiving Institution:** \_\_\_\_\_

**Erasmus Code:** \_\_\_\_\_

**To be completed by the Responsible person at the International Office  
of the Host Institution**

We confirm that the above mentioned Staff Member performed the mobility for training under the ERASMUS+ programme at our institution between:

----- and -----  
 day month year day month year

**To be completed by the Responsible person at the International Office  
of the Host Institution**

Name: \_\_\_\_\_ Stamp

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_