



CERTIFICATO DI PERMANENZA PER DOCENTI
Certificate of attendance for teaching staff

Name and Surname: _____
Home Institution: Università degli Studi Internazionali di Roma – UNINT (I ROMA20)
Receiving Institution: _____
Erasmus Code: _____

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

We confirm that Professor _____ performed a total of
n° _____ working hours in the framework of the ERASMUS+ mobility for teaching staff at
our Institution in:

Virtual modality

From _____ to _____
day month year day month year

Physical modality

From _____ to _____
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: _____