



CERTIFICATO DI PERMANENZA PER DOCENTI
Certificate of attendance

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

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

We confirm that Professor _____ performed a:
 teaching and training mobility: n° ___ working hours (n° ___ teaching hours and n° ___ training hours)
 teaching mobility: n° ___ teaching 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: _____
 Position: _____
 Date: _____
 Signature: _____

Stamp