

Allegato 5

**CERTIFICATO DI PERMANENZA PER DOCENTI**

**Certificate of attendance**

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| **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**

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| We confirm that Professor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ performed a:🞏 teaching mobility: n°\_\_\_ teaching hours 🞏 teaching and training mobility: n°\_\_\_ working hours (n°\_\_\_ teaching hours and n° \_\_\_ training 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**

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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ StampPosition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |