

Allegato 5

**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 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**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |