



CERTIFICATE OF ATTENDANCE

ACADEMIC YEAR 20__/20__

The student (Name/Surname) _____

from (Sending Institution) _____

enrolled as an Erasmus exchange student for _____ months.

Receiving University: **Università degli Studi Suor Orsola Benincasa (I NAPOLI04)**

Department: _____

Field of studies: _____

Date of arrival: ___/___/_____

Name of signatory: _____

Function: Erasmus Officer

(Signature and Stamp) _____

Date of departure: ___/___/_____

Name of signatory: _____

Function: Erasmus Officer

(Signature and Stamp) _____

Ufficio Erasmus

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